Qı.	nnlama	ntal Independent							SUP	<u>PLEMEN</u> TA	L INDEPENDE	NT EXPE	<u>NDITURE</u>
Ex	penditu	ıre Report		Amou	pe or print in ink. unts may be round whole dollars.		from9/21/200	·	Date Stamp 1/12/2003		CALIFORN FORM	IIA 4	65
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	A	mendment No 000		7	(Explain	11 201011)	Date of election i	f applicable:			_	ial Use O	
		Amendment No Report No Report No Report No CM2 CM2 CM2 CM2 CM2 CM2 CM2 CM	_				10/7/2003						
1.	Committ	ee/Filer Information		I.D. NUMB 1258279	ER (if recipient comm	ittee)	Treasure	(If recipient	committee)				
	COMMITTEE/F	ILER'S NAME		1230277			NAME OF TREA	SURER					
	Community C	ivic Participation Project sponsored by Labo	r Orga	nizations			Jack Gribbon						
							MAILING ADDRE	SS					
	STREET ADDR	RESS (NO P.O. BOX)											
	CITY	STATE	Z	IP CODE	AREA CODE/PHO	NE	CITY		STAT	E ZIP COD	DE AREA (CODE/PHO	NE
	Sacramento	CA	0	5814	((21)3) -738-8405		San Francisco		CA	94102	(415) 5	53-3280	
			9.	3614	((21)3) -736-6403		OPTIONAL: FAX	/E-MAIL ADDRE		74102	(413) 3	33 3200	
_	. Name of Candidate or Measure Suppo		orted o			OFFICE SOUGHT OR HE	ELD AND DISTR	CICT, IF APPLICABLE				K ONE OPPOSE	
N	NAME OF BALL	OT MEASURE					BALLOT NO./LETTER	JURISDICTIO	N			SUPPORT	OPPOSE
]	Recall of Gove	rnor Gray Davis						Statewide					X
3.	Indepen	dent Expenditures Made	Attach	additional	information on app	oropriat	ely labeled continuation	sheets.			CUMU	LATIVE TO	DATE
	DATE	NAME AND ADDR	ESS C	F PAYEE			DESCRIPTION OF I	EXPENDITURE	A	MOUNT	I CA	LENDAR Y N.1 - DEC.	EAR
10/7/	/2003					Voter (Contact		\$317.21		\$317.21		·
0/30	/2003	Monique Aceyes				PhoneH	Rank		\$326.06		\$637.45		
7/30/	2003	Los Angeles, CA 90032				THORE	Sunk		ψ320.00		ψ037.43		
10/7	/2003	Dohout Accete				Vator	Contract		\$22.22		\$282.35		
10/ //	/2003	Robert Acosta Los Angeles, CA 90033				voter (Contact		\$23.33		\$282.33		

Expenditu	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No	Date Stamp	CALIFORNIA FORM	-ENDITURE			
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 2 of	327
A	Ommittee/Filer Information OMMITTEE/FILER'S NAME REET ADDRESS (NO P.O. BOX) TY STATE PTIONAL: FAX/E-MAIL ADDRESS Ame of Candidate or Measure Supplies of Candidate ME OF CANDIDATE ME OF BALLOT MEASURE DATE NAME AND ADDRE 1003 Robert Acosta Los Angeles, CA 90033 Yeny Acosta Los Angeles, CA 90019	- (Explain 25.5)	Date of election	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	OPPOSE
•	-	1			AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003		Voter	Contact			\$282.35	
10/7/2003		Voter	Contact		\$23.33	\$249.23	
10/7/2003	Yeny Acosta Los Angeles, CA 90019	Voter	Contact		\$225.90	\$249.23	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	·		SUPPLEMENTA Date Stamp 1/12/2003		65
SEE INSTRUCTIO	NS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below) Page 3 Page 3	Page ³ of ³	327			
Ar	mendment No 000	- (ZAPIRAM 2010	Date of election in	f applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
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OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS	3		
2. Name of (Candidate or Measure Suր	oported or Opposed				CHEC	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE TO CALENDAR	
DATE				EXPENDITURE		(JAN.1 - DEC	
10/7/2003	Los Angeles, CA 90063	Votes	r Contact		\$327.84	\$321.84	
10/7/2003	Rosa Acuna Los Angeles, CA 90063	Votes	r Contact		\$327.84	\$327.84	
10/7/2003	Hifni Adzan Los Angeles, CA 90057	Vote	r Contact		\$23.33	\$289.30	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belov	w) through <u>12/31/20</u>	03		Page 4 of	327
A	REET ADDRESS (NO P.O. BOX) Y STATE FIONAL: FAX/E-MAIL ADDRESS THE OF CANDIDATE BE OF CANDIDATE BE OF BALLOT MEASURE DATE NAME AND ADDRE NAME AND ADDRE	- (explain 555)	Date of election in	f applicable:			
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
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2. Name of	Candidate or Measure Sur	pported or Opposed				O.U.	-01/ ONE
	<u> </u>	оргина и оррови	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
Report No CM2 10.7/2003 10							
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RI OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	lately labeled continuation	sheets.		CUMULATIVE CALENDAR	TO DATE
				EXPENDITURE		(JAN.1 - DE	C.31)
10///2003		Voter	Contact		\$203.97	\$289.30	
10/7/2003		Voter	· Contact		\$188.49	\$188.49	
9/30/2003	Oscar Aguilluz Jr. Los Angeles, CA 90042	Phone	eBank		\$408.46	\$843.02	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003	CALIFORNIA FORM	165			
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 5 of	327
Aı	Ame of Candidate or Measure Supplement of Candidate or Measure Supplement of Candidate ME OF BALLOT MEASURE ME OF BALLOT MEASURE MAME AND ADDRE MARIA Alas Los Angeles, CA 90006	- (explain 555)	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sur	pported or Opposed				CU	ECK ONE
	.	Art and a property	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDA (JAN.1 - DI	R YEAR EC.31)
10/6/2003		Phone	eBank		\$141.34	\$843.02	
10/7/2003		Voter	Contact		\$166.23	\$166.23	
10/7/2003	Ana Alatorre Los Angeles, CA 90033	Voter	·Contact		\$252.44	\$252.44	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>6</u> of	327
A	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepen	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAI JAN.1 - DI	TO DATE R YEAR EC.31)
10/7/2003	Maria Alejandrez Panorama City, CA 91402	Vote	er Contact		\$323.08	\$323.08	,
9/30/2003	Elizabeth Aleman Bell Gardens, CA 90201	Phor	neBank		\$444.80	\$993.00	
10/6/2003	Elizabeth Aleman Bell Gardens, CA 90201	Phon	neBank		\$221.64	\$993.00	

Expenditu	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No Mode Mode	CALIFORNIA FORM	-65				
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Beld	(a) through 12/31/20	003		Page <u>7</u> of	327
An	REET ADDRESS (NO P.O. BOX) TY STATE TIONAL: FAX/E-MAIL ADDRESS THE OF CANDIDATE ME OF CANDIDATE ME OF BALLOT MEASURE DATE NAME AND ADDRE O3 Marilu Alfaro-Infante Los Angeles, CA 90042 Marilu Alfaro-Infante Los Angeles, CA 90042 Marilu Alfaro-Infante Los Angeles, CA 90042	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
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CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
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2. Name of (Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
<u>-</u>	-	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE
9/30/2003	Marilu Alfaro-Infante			EXI ENDITORE		(JAN.1 - DE \$716.66	.C.31)
	Los Angeles, CA 70042						
10/6/2003		Phor	neBank		\$166.23	\$716.66	
10/7/2003	Maria Rosa Alvarenga Canoga Park, CA 91303	Vote	er Contact		\$307.75	\$307.75	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Report covers period from 9/21/2003 Page 8	CALIFORNIA FORM	-ENDITURE			
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 8 of	327
A	Ame of Candidate or Measure Superior of Candidate or Measure Superior of Candidate ME OF CANDIDATE ME OF BALLOT MEASURE DATE NAME AND ADDRE 03 Emilia Alvarez Los Angeles, CA 90012 Sara Alvarez Los Angeles, CA 90012	—	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
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2. Name of	Candidate or Measure Su	pported or Opposed				CIII	ECK ONE
		Photos Shires	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003		Voter	r Contact		\$188.49	\$188.49	
10/7/2003		Voter	r Contact		\$199.48	\$199.48	
10/7/2003		Voter	r Contact		\$132.98	\$166.22	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 9 of	327
A	mendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE		Physical Sphritz	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Diana Alves Alhambra, CA 91808	Voter	Contact		\$33.24	\$166.22	
10/7/2003	Milton Alves Alhambra, CA 91808	Voter	Contact		\$165.20	\$165.20	
9/24/2003	Andy Gump, Inc. Santa Clarita, CA 91351	Voter	Contact		\$976.00	\$976.00	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003 Trough 12/31/2	CALIFORNIA FORM	165			
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	(w) through 12/31/20	003		Page 10 of	327
Aı	mendment No 000	-	Date of election	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	-	1	•		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
10/7/2003	Jesus Angel			EXPENDITURE		(JAN.1 - DI	EC.31)
	Los Angeles, CA 90019						
10/7/2003	Danny Anguiano Los Angeles, CA 90065	Vote	r Contact		\$23.33	\$261.50	
10/7/2003	Danny Anguiano Los Angeles, CA 90065	Vote	r Contact		\$238.17	\$261.50	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers period from 9/21/2003 through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA OPTIONAL: FAX/E-MAIL ADDRESS DEFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE 3ALLOT NO/LETTER JURISDICTION y labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT COMMITTEE AMOUNT COMMITTEE AMOUNT COMMITTEE AMOUNT COMMITTEE COMMITTEE STATE S179.86	CALIFORNIA FORM	-65	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page 11 of	327
A	TIONAL: FAX/E-MAIL ADDRESS THE OF CANDIDATE ME OF BALLOT MEASURE ME OF BALLOT MEASURE ME OF BALLOT MEASURE DATE NAME AND ADDRE 03 Eduardo Anguiano Los Angeles, CA 90065 Beduardo Anguiano Los Angeles, CA 90065	- (Explain 25.5)	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
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NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003		Voter	Contact		\$23.33	\$179.86	
10/7/2003		Voter	Contact		\$156.53	\$179.86	
10/7/2003	David Anzora Los Angeles, CA 90026	Voter	Contact		\$23.33	\$339.47	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 1/12/2003 CALIFO FOR Page 12 For For STATE ZIP CODE AF STATE ZIP CODE AF	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 12 of	327
A	me of Candidate or Measure Super of Candidate or Measure Super of Candidate E OF CANDIDATE E OF BALLOT MEASURE DATE NAME AND ADDRE DAVID Angeles, CA 90026 Sara Araiza Los Angeles, CA 90011	- (Explain 25.5)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003		Voter	Contact			\$339.47	
10/7/2003		Voter	·Contact		\$316.14	\$316.14	
10/7/2003	Jose Arata Gardena, CA 90249	Voter	Contact		\$23.33	\$355.79	

Expend	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- FROM THE PROPERTY IN THE PRO
•	me of Candidate or Measure S E OF CANDIDATE E OF BALLOT MEASURE DATE NAME AND ADD Jose Arata Gardena, CA 90249 Delmi Araujo Los Angeles, CA 90057			1002		- 12	227
		Amendment (Explain Belo	through 12/31/20 Date of election in (Month, Date)	f applicable:		Page 13 of For Official Use	327 Only
	Report No CM2		10/7/2003				
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SINELI	ADDITEOS (NOT.O. DOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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	·	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep DATE 10/7/2003	NAME AND ADDRES	SS OF PAYEE	ately labeled continuation DESCRIPTION OF or Contact		\$332.46	CUMULATIVE CALENDAR (JAN.1 - DE	R YEAR
	Gardena, CA 90249						
10/7/2003		Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Delmi Araujo Los Angeles, CA 90057	Vote	r Contact		\$307.75	\$331.08	

	emental Independent Iditure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	ent Code Sections 84203.5)	to whole dollars.	from9/21/200)3	1/12/2003	FORM 2	.00
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Bel	through <u>12/31/2003</u>			Page <u>14</u> of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient com	mittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
OTDEE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
STREE	TABBRESS (NO F.O. BOA)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME C	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME C	DF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Inde	ependent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	n sheets.		CUMULATIVE T	ODATE
DAT	TE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Andres Araux Inglewood, CA 90301	Vote	er Contact		\$176.12	\$239.49	
10/7/2003	Andres Araux	Vote	er Contact		\$63.37	\$239.49	
	Inglewood, CA 90301						
10/7/2003	Lourdes Arellano Los Angeles, CA 90057	Vote	er Contact		\$290.98	\$290.98	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUC	PTIONAL: FAX/E-MAIL ADDRESS Ame of Candidate or Measure Some OF CANDIDATE ME OF BALLOT MEASURE Adependent Expenditures Made DATE NAME AND ADDRESS Maria Arellano Los Angeles, CA 90007	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 15 of	327
	Amendment No 000	- (Explain 5010)	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	OPPOSE
3. Indepe	endent Expenditures Made A	1	itely labeled continuation		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR EC.31)
10/7/2003		Voter	Contact		\$310.29	\$310.29	,
10/7/2003		Voter	Contact		\$225.90	\$225.90	
10/7/2003	Hector Amador Arias Los Angeles, CA 90002	Voter	Contact		\$23.33	\$222.81	

	ental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	ure Report de Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM 4	<u>65</u>
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>16</u> of <u>3</u>	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	DNE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	<u> </u>		
2. Name of	Candidate or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CAN	IDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BAI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
TWINE OF BALL	EOT ME / GONE		SALEST NO., EL TER	CONTROL		John S.K.	011002
3. Indepen	dent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Hector Amador Arias Los Angeles, CA 90002	Vote	er Contact		\$199.48	\$222.81	
	Elos impeles, eli yood						
10/7/2002	Tamia Las Amiala	V-A	Ctt		\$200.27	\$299.37	
10/7/2003	Lorrie Lee Arriola Huntington Park, CA 90255	VOI	er Contact		\$299.37	\$299.37	
10/7/2003	Manuel Arriola Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$339.47	
	g,						

	Page 17 of 3	327
ttee)		
STATE ZIP CO	DE AREA CODE/PHC	DNE
	CHEC	CK ONE
APPLICABLE		OPPOSE
	SUPPORT	OPPOSE
1	CUMULATIVE TO	DATE YEAR
	(JAN.1 - DEC	.31)
\$322.56	\$674.44	
\$36.94	\$674.44	
	STATE ZIP CC STATE ZIP CC AMOUNT \$316.14	CHEC SUPPORT CUMULATIVE TO CALENDAR (JAN.1 - DEC) \$316.14 \$322.56 \$674.44

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCTIO	PTIONAL: FAX/E-MAIL ADDRESS Ame of Candidate or Measure S ME OF CANDIDATE ME OF BALLOT MEASURE Adependent Expenditures Made DATE NAME AND ADD Heidy Arrivillaga Los Angeles, CA 90062	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page ¹⁸ of	327
Aı	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sur	oported or Opposed				CH	ECK ONE
	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
•	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA (JAN.1 - DI	TO DATE R YEAR
10/6/2003	Heidy Arrivillaga		r Contact	-	\$173.60	\$674.44	20.01)
10/7/2003		Vote	r Contact		\$166.23	\$199.47	
10/7/2003	Paula Arroyo Huntington Park, CA 90255	Vote	r Contact		\$33.24	\$199.47	

	pplemental Independent penditure Report		Type or print in ink. Amounts may be rounded		Report covers	s period	SUPPLEMENT Date Stamp 1/12/2003		CALIFORNIA 465	
		ctions 84203.5)	to whole dollars.	f	from9/21/200	3	1/12/2003	FORM	4	CO
SEE IN	STRUCTIONS	ON REVERSE	Amendment (Explain Bel	low) t	w) through 12/31/2003 Date of election if applicable: (Month, Day, Year)			Page	of <u>3</u> 2	27
	Amer	ndment No 000							ial Use O	
		Report No CM2		_	10/7/2003					
1. C	ommittee/	/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	ommittee)			
CO	MMITTEE/FILER	'S NAME			NAME OF TREA	SURER				
		440.00.00			MAILING ADDRE	ESS				
SII	REET ADDRESS	(NO P.O. BOX)								
CIT	ΓΥ	STATE	ZIP CODE AREA CODE/PHONE		CITY		STATE ZIP CO	ODE AREA C	ODE/PHO	NE
OP'	TIONAL: FAX/E-N	MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRES	SS			
		ndidate or Measure Supp	ported or Opposed							K ONE
NAM	ME OF CANDIDAT	TE		OFFIC	CE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICABLE		SUPPORT	OPPOSE
NAM	ME OF BALLOT M	MEASURE		BALL	OT NO./LETTER	JURISDICTION	<u> </u>		SUPPORT	OPPOSE
3. In	depender	nt Expenditures Made Atta	ach additional information on approp	riately lab	peled continuation	sheets.		CUMUI	_ATIVE TO	DATE
1	DATE	NAME AND ADDRESS	S OF PAYEE	1	DESCRIPTION OF I	EXPENDITURE	AMOUNT	_I CA	LENDAR Y N.1 - DEC.	EAR
10/7/200		Luis Arzate Gardena, CA 90247	Vot	er Contact	t		\$23.33	\$339.47		
10/7/200		Luis Arzate	Vot	er Contact	t		\$316.14	\$339.47		
		Gardena, CA 90247								
10/7/200		Erazo Arroyo Ascencion Huntington Park, CA 90255	Vot	er Contact	t		\$166.23	\$199.47		

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	Ame of Candidate or Measure Some OF CANDIDATE ME OF BALLOT MEASURE ME OF BALLOT MEASURE DATE NAME AND ADI Erazo Arroyo Ascencion Huntington Park, CA 90255	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>20</u> of	327
Aı	mendment No 000	-	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	iittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				CUE	CK ONE
		PP PP	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
				T			
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE 1 CALENDAR	TO DATE
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF r Contact	EXPENDITURE	\$33.24	(JAN.1 - DE \$199.47	C.31)
10///2003		Vote	Contact		\$33.24	3177.47	
10/7/2003		Vote	r Contact		\$122.66	\$122.66	
10/7/2003	Soledad Avellan Long Beach, CA 90806	Vote	r Contact		\$199.48	\$199.48	

Suppleme	upplemental Independent	Type or print in ink.	Report cove	ars period	SUPPLEMENTA Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITUR		
Expenditu	Ire Report e Sections 84203.5)	Amounts may be rounded to whole dollars.			1/12/2003	CALIFORNIA FORM	65	
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Bel	low) through 12/31/2	through <u>12/31/2003</u>		Page 21 of 3	327	
A	mendment No 000		Date of election (Month, D	if applicable:		For Official Use 0		
	Report No CM2		10/7/2003					
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	er (If recipient co	mmittee)			
COMMITTEE/F	ILER'S NAME		NAME OF TRE	EASURER				
OTDEET 4 DDD	DESC (NO D.O. DOV)		MAILING ADD	RESS				
STREET ADDR	RESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	ONE	
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FA	AX/E-MAIL ADDRES	S			
	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE	
NAME OF CANE	DIDATE		OFFICE SOUGHT OR	HELD AND DISTRIC	T, IF APPLICABLE	SUPPOR	TOPPOSE	
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Independ	dent Expenditures Made At	tach additional information on appropr	riately labeled continuation	on sheets.		OUNTIL ATING T	O DATE	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION O	F EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR	
9/30/2003	Maria Teresa Badillo Los Angeles, CA 90057	Pho	oneBank		\$416.26	\$894.73		
10/6/2003	Maria Teresa Badillo	Pho	oneBank		\$184.70	\$894.73		
10/0/2003	Los Angeles, CA 90057		one Dunk		φ104.70	ψ0.74.73		
9/30/2003	Jose Venacio Balam Inglewood, CA 90304	Pho	oneBank		\$445.85	\$950.09		

	ental Independent	Type or print in ink.	Report cover	s period	Date Stamp	SUPPLEMENTAL INDEPENDENT EXPEND Date Stamp		
	re Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	CALIFORNIA FORM	<u>65</u>	
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Bel	ow) through 12/31/20	through <u>12/31/2003</u>		Page <u>22</u> of <u>3</u>	327	
Aı	mendment No 000		Date of election i	f applicable:		For Official Use Only		
	Report No CM2		10/7/2003					
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)			
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER				
OTDEET 4 DDD	DESCRIPTION AND DO DOWN		MAILING ADDR	ESS				
SIREELADDR	RESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	DNE	
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	<u> </u>			
	Candidate or Measure Sup	ported or Opposed					CK ONE	
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE	SUPPOR	OPPOSE	
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Independ	dent Expenditures Made At	tach additional information on approp	riately labeled continuation	sheets.		OUNAL!! ATIVE T	DATE	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR	
10/6/2003	Jose Venacio Balam Inglewood, CA 90304	Pho	neBank		\$184.70	\$950.09	•	
10/7/2003	Zacarias Baltazar	Vot	er Contact		\$127.43	\$127.43		
10/7/2003	Los Angeles, CA 90037	You	er Contact		φ127.43	\$127.43		
9/30/2003	Jose Banuelos Lynwood, CA 90262	Pho	neBank		\$263.88	\$498.42		

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTIO	PTIONAL: FAX/E-MAIL ADDRESS Ame of Candidate or Measure Some OF CANDIDATE ME OF BALLOT MEASURE Adependent Expenditures Made DATE NAME AND ADDRESS Carlos Barajas Los Angeles, CA 90026	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 23 of	327
Ar	mendment No 000	- (Expan 500	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				СН	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	-	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Carlos Barajas		r Contact	EXPENDITURE	\$23.33	(JAN.1 - DE \$222.81	:C.31)
	Los Angeles, CA 90026						
10/7/2003		Votes	r Contact		\$199.48	\$222.81	
9/30/2003	Diana Barajas Los Angeles, CA 90045	Phon	eBank		\$383.82	\$924.67	

	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 46	
Government Cod	de Sections 84203.5)	to whole dollars.	from9/21/200	03		FORIVI —	
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	ow) through 12/31/20	through <u>12/31/2003</u>		Page <u>24</u> of	327
A	Amendment No 000		Date of election i	applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	ported or Opposed					CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ndent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE -	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	YEAR
10/6/2003	Diana Barajas Los Angeles, CA 90045	Pho	neBank		\$221.31	\$924.67	
10/7/2003	Jose Barajas	Vote	er Contact		\$199.48	\$199.48	
10/7/2003	Los Angeles, CA 90039	700	or Contact		ψ1 <i>))</i> . το	Ψ1/2.40	
10/7/2003	Juventina Barajas Los Angeles, CA 90039	Vote	er Contact		\$323.08	\$323.08	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 25 of	327
A	Amendment No 000	-	Date of election if applicable (Month, Day, Year)			For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Erick Barocio Los Angeles, CA 90003	Voter	Contact		\$23.33	\$213.10	
10/7/2003	Erick Barocio Los Angeles, CA 90003	Voter	Contact		\$156.53	\$213.10	
10/7/2003	Erick Barocio Los Angeles, CA 90003	Voter	Contact		\$33.24	\$213.10	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>26</u> of	327
Am	endment No 000	-	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	candidate or Measure Sup	oported or Opposed				CUE	CK ONE
NAME OF CANDID			OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independe	ent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Shevaun Marie Barragan Monterey Park, CA 91755		eBank		\$302.31	\$604.62	0.01)
10/7/2003	Maribel Barrenechea El Monte, CA 91733	Vote	r Contact		\$23.33	\$256.05	
10/7/2003	Maribel Barrenechea El Monte, CA 91733	Vote	r Contact		\$232.72	\$256.05	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>27</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPC	ORT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAI	TO DATE
9/30/2003	Jessie Barrios		eBank	EXPENDITORE	\$416.26	(JAN.1 - DE	EC.31)
	Glendale, CA 91205						
10/6/2003	Jessie Barrios Glendale, CA 91205	Phon	eBank		\$221.64	\$964.46	
10/7/2003	Jose Bastida Los Angeles, CA 90022	Vote	r Contact		\$232.72	\$232.72	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>28</u> of	327
Aı	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Doaciana Bello Los Angeles, CA 90011		Contact	LAFENDITORE	\$166.15	(JAN.1 - DE	:0.31)
	Eos Angeles, CA 70011						
10/7/2003	Elisa Benavidez Los Angeles, CA 90005	Voter	Contact		\$405.43	\$405.43	
10/7/2003	Silvia Benito Los Angeles, CA 90042	Voter	Contact		\$327.84	\$327.84	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 29 of	327
Ar	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of O	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	E ADDI ICADI E		ECK ONE
NAME OF CAND	NDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	FAFFLICABLE	SUPPO	KI OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Marco Bermejo Los Angeles, CA 90057		r Contact	LXI ENDITORE	\$199.48	(JAN.1 - DE \$199.48	.0.31)
10/7/2003	Maricela Bermudes Los Angeles, CA 90044	Vote	r Contact		\$156.53	\$156.53	
10/7/2003	Mundo Bernal Hollywood, CA 90038	Vote	r Contact		\$199.48	\$199.48	

Expenditu	ntal Independent re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
Government Code	e Sections 84203.5)		from9/21/200	3			
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page <u>30</u> of _	327
Aı	mendment No 000	-	Date of election if applicable: (Month, Day, Year)			For Official Use (Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	pported or Opposed				CHE	CK ONE
NAME OF CAND	•		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Ingrid Berrios Los Angeles, CA 90002	Vote	er Contact		\$220.01	\$220.01	
9/23/2003	William Berry dba William Berry Campa Sacramento, CA 95814	iigns Mai	ler		\$75,000.00	\$320,989.33	
9/24/2003	William Berry dba William Berry Campa Sacramento, CA 95814	uigns Mai	ler		\$154,115.69	\$320,989.33	

Expe	olemental Independent enditure Report ment Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4 FORM	65
SEE INS	STRUCTIONS ON REVERSE	Amendment (Explain Bel	low) through 12/31/20	03		Page 31 of 3	27
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Co	ommittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COV	MMITTEE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRI	ESS			
STR	EEET ADDRESS (NO P.O. BOX)						
CITY	Y STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	NE
OPT	TIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	me of Candidate or Measure Sup E OF CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE OPPOSE
NAMI	E OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
	dependent Expenditures Made Ar	1	riately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE TO CALENDAR \ (JAN.1 - DEC	/EAR
9/27/200	William Berry dba William Berry Campa Sacramento, CA 95814	igns Wal	lk Piece		\$5,600.00	\$320,989.33	,
	Perfect Image Printing Rancho Cordova, CA 95742	Wal	lk Piece		\$.00	\$.00	
9/27/200	William Berry dba William Berry Campa Sacramento, CA 95814	pigns Doc	orhanger		\$16,000.00	\$320,989.33	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belov	w) through <u>12/31/20</u>	003		Page <u>32</u> of	327
	Amendment No 000	(Explain 5000	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PI	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	F APPLICABLE		ECK ONE ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAI (JAN.1 - DI	
	BDC Printing Solutions Portland, OR 97214	Doorl	hanger		\$.00	\$.00	
9/27/2003	William Berry dba William Berry Campai Sacramento, CA 95814	gns Maile	er		\$70,273.64	\$320,989.33	
	U.S. Postmaster Sacramento, CA 95814	Maile	er		\$.00	\$.00	

Sı	Supplemental Independent			1				SUPPLEMENTAL	L INDEPENDEN	T EXPE	NDITURI
Ex	Kpenditure overnment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		from9/21/2003			Stamp /2003	CALIFORNI FORM	^A 4	65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Bel	low)	through <u>12/31/200</u>	03			Page 33	_ of <u>3</u> 2	27
	Ame	ndment No 000			Date of election if (Month, Day	applicable:				al Use O	
		Report No CM2			10/7/2003						
1.	Committee	/Filer Information	I.D. NUMBER (if recipient committee))	Treasurer	(If recipient c	ommittee)				
	COMMITTEE/FILER	R'S NAME		-	NAME OF TREAS	SURER					
				_	MAILING ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE	-	CITY			STATE ZIP COD	E AREA CO	DDE/PHOI	NE
	OPTIONAL: FAX/E-	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
	Name of Ca	andidate or Measure Supp	orted or Opposed								
	NAME OF CANDIDA		orted or Opposed	OF	FICE SOUGHT OR HE	LD AND DISTRI	ICT, IF APPLICA	ABLE		CHEC SUPPORT	K ONE OPPOSE
	NAME OF BALLOT	MEASURE		ВА	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately	labeled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALI	ENDAR Y I.1 - DEC.	EAR
		Perfect Image Printing Rancho Cordova, CA 95742	Mai	iler				\$.00	\$.00		
		Wyman Design Graphics	Mai	ilor				\$.00	\$.00		
		Davis, CA 95612	IVIAI	iici				\$.00	\$.00		
		U.S. Postmaster Sacramento, CA 95814	Mai	iler				\$.00	\$.00		

Sı	upplemental Independent		Towns as extent to test	Г	Dament	mania d		SUPPLEMENTAL	INDEPENDEN	T EXPE	NDITURI
E	xpenditure overnment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{9/21/2003}{}$			Stamp /2003	CALIFORNI FORM	⁴	65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Beld	ow)	through	03			Page <u>34</u>	_ of <u>32</u>	27
	Ame	endment No 000		,	Date of election if (Month, Day	applicable:			For Officia		
		Report No CM2			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee))	Treasurer	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREAS	SURER					
					MAILING ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP CODI	E AREA CO	DE/PHOI	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX/	E-MAIL ADDRE	SS				
		andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OF	FICE SOUGHT OR HE	LD AND DISTRI	CT, IF APPLICA	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAI	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately I	labeled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALI	ENDAR Y I.1 - DEC.	EAR
		BDC Printing Solutions Portland, OR 97214	Mai	iler				\$.00	\$.00		
		Wyman Design Graphics	Mai	ilar				\$.00	\$.00		
		Davis, CA 95612	Wat	ilei				\$.00	\$.00		
		Kramer's Metro Mail Portland, OR 97210	Mai	iler				\$.00	\$.00		
									1		

Expe	lemental Independent nditure Report nent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	
SEE INST	TRUCTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page 35	of 327
	Amendment No 000	- Land 1 (2.5pail 200)	Date of election in (Month, Day	f applicable:		For Official U	<u> </u>
	Report No CM2	-	10/7/2003				
1. Co	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)	•	
COMI	MITTEE/FILER'S NAME		NAME OF TREA	SURER			
STRE	EET ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA CODE	E/PHONE
OPTIO	ONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	ne of Candidate or Measure Sup of CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	F APPLICABLE		CHECK ONE PPORT OPPOSI
NAME	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUI	PPORT OPPOSI
3. Ind	lependent Expenditures Made A	ttach additional information on appropria	tely labeled continuation	sheets.		CUMULATI	VE TO DATE
DA	ATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENI (JAN.1 -	VE TO DATE DAR YEAR - DEC.31)
	BDC Printing Solutions Portland, OR 97214	Maile	r		\$.00	\$.00	
	U.S. Postmaster Sacramento, CA 95814	Maile	r		\$.00	\$.00	
	Wyman Design Graphics Davis, CA 95612	Maile	r		\$.00	\$.00	

E	upplemen xpenditure overnment Code S	tal Independent e Report ections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM		65
SEE	E INSTRUCTIONS	S ON REVERSE	Amendment (Explain Below	through 12/31/20	03		Page <u>36</u>	of 32	27
	Ame	endment No 000		Date of election i	f applicable:		For Official Use		
		Report No CM2		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)	1		
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRES	S (NO P.O. BOX)		MAILING ADDRI	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA COI	DE/PHOI	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
	Name of Candid	andidate or Measure Supp	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	F APPLICABLE	S		K ONE OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		s	SUPPORT	OPPOSE
3.	Independe	ent Expenditures Made Atta	ach additional information on appropria	tely labeled continuation	sheets.		CUMUI A	TIVE TO	DATE
	DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULA CALE (JAN.	NDAR Y 1 - DEC.	EAR 31)
		Kramer's Metro Mail Portland, OR 97210	Mailer	r		\$.00	\$.00		
		U.S. Postmaster Sacramento, CA 95814	Mailer	r		\$.00	\$.00		
		BDC Printing Solutions	Maile	r		\$.00	\$.00		
		Portland, OR 97214							

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003	·	SUPPLEMENTAL Date Stamp 1/12/2003	CALIFORNI FORM		55
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/200</u>	03		Page <u>37</u>	of 327	
	Amendment No $\ \underline{\ }^{000}$		Date of election if (Month, Day	applicable:			al Use Only	
	Report No CM2		10/7/2003					
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient co	ommittee)			
COMMITTE	E/FILER'S NAME		NAME OF TREAS	SURER				
OTD 55T 18			MAILING ADDRE	ESS				
STREET AL	DDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CO	DDE/PHONE	Ī
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRES	S			
2. Name c	of Candidate or Measure Sup	ported or Opposed					CHECK	ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	CT, IF APPLICABLE		SUPPORT	OPPOSE
NAME OF D	ALL OT MEACURE		DALLOT NO # ETTER	II IDIODIOTION				
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
) lo de e	ndont Francistrus a Mode							
•	endent Expenditures Made Atta	ach additional information on appropria	ately labeled continuation	sheets.	I	CUMUL	ATIVE TO D ENDAR YEA	ATE AR
DATE	NAME AND ADDRES		DESCRIPTION OF E	EXPENDITURE	AMOUNT	(JAN	l.1 - DEC.31)
	Kramer's Metro Mail Portland, OR 97210	Maile	er		\$.00	\$.00		
	Wyman Design Graphics	Maile	er		\$.00	\$.00		
	Davis, CA 95612							
.0/6/2003	Dilma Carolina Bojorquez Los Angeles, CA 90042	Voter	r Contact		\$148.99	\$148.99		

Expendit	ental Independent cure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from 9/21/2003		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM		
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>)3		Page 38	of <u>327</u>	
4	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official I		
	Report No CM2	-	10/7/2003					
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commi	ttee)			
COMMITTEE	/FILER'S NAME		NAME OF TREAS	BURER				
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	SS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA COD	E/PHONE	
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS				
2. Name of NAME OF CAR	f Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HEI	LD AND DISTRICT, IF	APPLICABLE		CHECK (
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		su	PPORT (OPPOSE
3. Indeper	ndent Expenditures Made At	Í	ately labeled continuation		AMOUNT		IVE TO D	٩R
9/30/2003	Christopher Bolanos Los Angeles, CA 90047		eBank	,	\$408.46	\$906.08	- DEC.31	,
10/6/2003	Christopher Bolanos Los Angeles, CA 90047	Phone	eBank		\$204.40	\$906.08		
10/6/2003	Noe Brachamontes Santa Ana, CA 92701	Phone	eBank		\$258.58	\$258.58		

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Be	low) through 12/31/20	03		Page <u>39</u> of <u>3</u>	327
An	Amendment No 000 Report No CM2 CM2 CM2 CM2 CM2 CM2 CM2 CM2	- Landing (Explain Se	Date of election i (Month, Day	f applicable:		For Official Use (
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comn	nittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made At	tach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Julia Brito Los Angeles, CA 90063	Vot	er Contact		\$232.72	\$232.72	
9/23/2003	CA State Council of Service Employees C Sacramento, CA 95814	COPE Pho	nebank		\$536.70	\$3,034.42	
9/21/2003	CA State Council of Service Employees C Sacramento, CA 95814	COPE We	bsite Development		\$127.27	\$3,034.42	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Beld	through <u>12/31/200</u>	03		Page <u>40</u> of	327
	Amendment No 000		Date of election if (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commi	ttee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
	ependent Expenditures Made A	1			1	CUMULATIVE 1 CALENDAR	O DATE
DAT 9/27/2003	E NAME AND ADDRE CA State Council of Service Employees		DESCRIPTION OF E	EXPENDITURE	\$223.63	(JAN.1 - DE \$3,034.42	C.31)
	Sacramento, CA 95814						
9/30/2003	Angela Caballero Inglewood, CA 90303	Phot	neBank		\$445.85	\$851.86	
10/6/2003	Angela Caballero Inglewood, CA 90303	Phor	neBank		\$221.31	\$851.86	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
,	ONS ON REVERSE			002		D 41	227
A	Amendment No 000	Amendment (Explain Belo	through 12/31/20 Date of election in (Month, Date)	f applicable:		Page 41 of For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
STREET ADDI	NESS (NO F.O. DOA)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen DATE 9/30/2003	Mayra Cabrera Los Angeles, CA 90016	SS OF PAYEE	riately labeled continuation DESCRIPTION OF neBank		\$204.40	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Mayra Cabrera Los Angeles, CA 90016	Phoi	neBank		\$204.40	\$408.80	
10/7/2003	Lidia Cajas Los Angeles, CA 90017	Vote	er Contact		\$166.23	\$199.47	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>42</u> of	327
A	Amendment No 000 Report No CM2 Dommittee/Filer Information MMITTEE/FILER'S NAME REET ADDRESS (NO P.O. BOX)	—	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR EC.31)
10/7/2003	Lidia Cajas Los Angeles, CA 90017	Voter	Contact		\$33.24	\$199.47	,
10/7/2003	Christian Calderon Los Angeles, CA 90026	Voter	Contact		\$196.26	\$196.26	
10/7/2003	Silvia Calderon Los Angeles, CA 90004	Voter	Contact		\$327.84	\$327.84	

		Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	ENDITURI
		to whole dollars.	from9/21/200	03	1/12/2003	FORM 4	CO
SEE INSTRU	The Calvert Company, Inc. Tustin, CA 92780 Felipe Calzada Los Angeles, CA 90028 Felipe Calzada	Amendment (Explain Belo	through 12/31/20	003		Page <u>43</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET /	ADDRESS (NO D.O. DOV)		MAILING ADDR	ESS			
SIREELA	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	•	pported or Opposed				СНЕ	CK ONE
NAME OF (CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CHALL ATIVE	FO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
9/24/2003		Vote	er Contact		\$1,343.53	\$1,343.53	
9/30/2003	Felipe Calzada	Pho	neBank		\$426.63	\$930.33	
	Los Angeles, CA 90028						
10/6/2003	Felipe Calzada Los Angeles, CA 90028	Phor	neBank		\$147.76	\$930.33	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _44 of	327
A	mendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ĺ	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Felipe Calzada Los Angeles, CA 90028	Votes	·Contact		\$73.88	\$930.33	
10/7/2003	Fabiola Campos Los Angeles, CA 90001	Voter	Contact		\$272.96	\$272.96	
10/6/2003	Carolina Canchola Los Angeles, CA 90017	Phone	eBank		\$234.54	\$234.54	

		Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
		Amounts may be rounded to whole dollars.	from9/21/200	03	1/12/2003	FORM	65
SEE INSTRUC	Angelica Cano Los Angeles, CA 90011 Veronica Cano Los Angeles, CA 90005 Consuelo Canul	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>45</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET 45	2005200 (NO D.O. DOV)		MAILING ADDR	ESS			
SIREELAL	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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	<u>-</u>	ported or Opposed					CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	 iately labeled continuation	sheets.		CHALL ATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003		Vote	er Contact		\$332.46	\$332.46	
10/7/2003	Veronica Cano	Vote	er Contact		\$316.14	\$316.14	
9/30/2003	Consuelo Canul Los Angeles, CA 90047	Phor	neBank		\$436.90	\$641.30	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page 46 of	327
	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	e of Candidate or Measure Su	pported or Opposed					ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE	SUPPO	RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	pendent Expenditures Made A	1	•		1	CUMULATIVE CALENDAR	TO DATE R YEAR
DATI 10/6/2003	Consuelo Canul		DESCRIPTION OF eBank	EXPENDITURE	\$204.40	(JAN.1 - DE	(C.31)
	Los Angeles, CA 90047						
9/25/2003	Cardenas Communications, Inc. South Pasadena, CA 91030	Telev	vision Ad		\$181,669.76	\$239,816.08	
	KMEX Los Angeles, CA 90045	Telev	vision Ad		\$.00	\$.00	

Sunnlama	ental Independent				SUPPLEMENTA	L INDEPENDENT EXP	<u>ENDITURE</u>
Expenditu	ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 1/12/2003	CALIFORNIA FORM	65
EE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>47</u> of	327
A	Amendment No 000		Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM2		10/7/2003				
. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient co	mmittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	·ss			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRES	S		
2. Name of	Candidate or Measure Sup	ported or Opposed				СНЕ	CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRIC	T, IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ndent Expenditures Made Atta	ach additional information on appropria	itely labeled continuation	sheets.		CUMULATIVE	O DATE
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
	KFTR Los Angeles, CA 90045	Televi	ision Ad		\$.00	\$.00	
	KVEA Burbank, CA 91523	Televi	ision Ad		\$.00	\$.00	
	KWHY Burbank, CA 91523	Televi	ision Ad		\$.00	\$.00	

Sι	upplement	tal Independent	Type or print in ink.	Г	Report covers	s neriod	Data	SUPPLEMENTAl Stamp			NDITURI
Ex	(penditure vernment Code Se	e Report	Amounts may be rounded to whole dollars.		from9/21/2003	-		2003	CALIFORNI FORM	A 4	65
SEE	INSTRUCTIONS	ON REVERSE	Amendment (Explain Bel	low)	through 12/31/20	03			Page <u>48</u>	of 32	27
	Ame	endment No 000	(2)	-	Date of election if (Month, Day	f applicable:			For Official		
		Report No CM2			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee))	Treasure	(If recipient c	committee)				
	COMMITTEE/FILER	R'S NAME		-	NAME OF TREA	SURER					
					MAILING ADDRE	ESS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE	-	CITY			STATE ZIP COD	E AREA CO	ODE/PHO	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
 2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CUEC	K ONE
	NAME OF CANDIDA			OF	FICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	ABLE		SUPPORT	
	NAME OF BALLOT	MEASURE		BAI	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately I	abeled continuation	sheets.			CUMUI	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CAL	ENDAR Y N.1 - DEC.	EAR
		Lieberman Broadcasting, Inc. Burbank, CA 91504	Tele	evision .	Ad			\$.00	\$.00		
		KDTV San Francisco, CA 94105-2240	Tele	evision .	Ad			\$.00	\$.00		
		KFSF San Francisco, CA 94105-2240	Tele	evision .	Ad			\$.00	\$.00		

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	465
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>	03		Page <u>49</u> o	f 327
	Amendment No 000	-	Date of election if (Month, Day	f applicable:		For Official Us	
	Report No CM2	-	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/I	PHONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	e of Candidate or Measure Sup F CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	FAPPLICABLE		HECK ONE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
3. Inde	pendent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIV CALEND	E TO DATE
DAT	E NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CALEND (JAN.1 - [AR YEAR DEC.31)
	KSTS San Jose, CA 95131	Telev	rision Ad		\$.00	\$.00	
	Vison Publicidad Sherman Oaks, CA 91423	Telev	vision Ad		\$.00	\$.00	
9/25/2003	Cardenas Communications, Inc. South Pasadena, CA 91030	Radio	o Ad		\$58,146.32	\$239,816.08	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from9/21/2003	Date 1/12/	Stamp	CALIFORNIA FORM	465
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/2003</u>			Page <u>50</u> 0	of <u>327</u>
	Amendment No 000		Date of election if ap (Month, Day, Yo			For Official U	
	Report No CM2		10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipient committee)			
COMMITTEE	E/FILER'S NAME		NAME OF TREASUR	RER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/	/PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-N	MAIL ADDRESS			
2. Name of CAI	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICA	BLE		CHECK ONE
NAME OF BAI	ILLOT MEASURE		BALLOT NO./LETTER JL	JRISDICTION		SUP	PORT OPPOSI
3. Indeper	ndent Expenditures Made Att	ach additional information on appropriat	ely labeled continuation she	eets.		CUMULATIV	/E TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF EXP	PENDITURE	AMOUNT	CUMULATIV CALEND (JAN.1 -	DAR YEAR DEC.31)
	KLVE Glendale, CA 91023	Radio .	Ad		\$.00	\$.00	
	KRCD/KRCV/KTNQ Glendale, CA 91023	Radio .	Ad		\$.00	\$.00	
	KSCA Glendale, CA 91203	Radio .	Ad		\$.00	\$.00	

Amendment No 000 Amendment No 000 Amendment (Explain Below) Amendment (Explain Below) Amendment (Explain Below) Date of election if applicable: (Month, Day, Year)	Page 51 of 327 For Official Use Only
Amendment No 000 Date of election if applicable:	
	For Official Ose Offiy
Report No <u>CM2</u> <u>10/7/2003</u>	
1. Committee/Filer Information I.D. NUMBER (if recipient committee) Treasurer (If recipient committee)	
COMMITTEE/FILER'S NAME NAME OF TREASURER	
STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS	
	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS	
2. Name of Candidate or Measure Supported or Opposed NAME OF CANDIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE SUPPORT OPPOSI
NAME OF BALLOT MEASURE BALLOT NO./LETTER JURISDICTION	SUPPORT OPPOSI
3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.	
DATE NAME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE	AMOUNT CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
KXOL Los Angeles, CA 90064 Radio Ad \$.00	\$.00
	0 00
KLAX Los Angeles, CA 90064 Radio Ad \$.00	\$.00

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	465
SEE INSTRI	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/200</u>)3		Page _52 of	327
	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
СОММІТ	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	TADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/P	HONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
	e of Candidate or Measure Sup F CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HE	LD AND DISTRICT, II	F APPLICABLE		DRT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Inde	pendent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMUI ATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
	KBUA/KBUE Burbank, CA 91504	Radio	o Ad		\$.00	\$.00	
	KHJ/KWIZ Burbank, CA 91504	Radio	o Ad		\$.00	\$.00	
	KWIZ Burbank, CA 91504	Radio	o Ad		\$.00	\$.00	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	through <u>12/31/2003</u>		Page 53 of	327
Am	nendment No 000		Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE ORT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	ent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.		CUMUI ATIVE	TO DATE
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DE	R YEAR EC.31)
	KBLA Los Angeles, CA 90012	Radio	o Ad		\$.00	\$.00	
	KSSC/KSSD Los Angeles, CA 90010	Radio	o Ad		\$.00	\$.00	
	KLYY Los Angeles, CA 90010	Radio	o Ad		\$.00	\$.00	

Sι	upplemental Independent		Type or print in ink		SUPPLE Report covers period Date Stamp				PLEMENTAL INDEPENDENT EXPENDITUR		
E>	(penditure vernment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		from	-	1/12/		CALIFORNI FORM	4	65
SEE	INSTRUCTIONS	ON REVERSE	Amendment (Explain Belo	low)	w) through <u>12/31/2003</u>				Page <u>54</u>	_ of <u>32</u>	27
	Ame	endment No 000			Date of election if applicate (Month, Day, Year)				For Officia		
		Report No CM2			10/7/2003						
1.	Committee	/Filer Information	I.D. NUMBER (if recipient committee))	Treasurer	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREAS	SURER					
		. (10.50.50)			MAILING ADDRE	SS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CC	DE/PHOI	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
		andidate or Measure Supp	orted or Opposed						ı		K ONE
	NAME OF CANDIDA	ATE		OF	FICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	BLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAI	LLOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropr	riately I	abeled continuation	sheets.			CUMUL A	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALE	ENDAR Y .1 - DEC.	EAR
		KWKW Los Angeles, CA 90068	Rad	lio Ad				\$.00	\$.00		
		KSOL/KSQL	Rad	lio Ad			:	\$.00	\$.00		
		San Francisco, CA 94111									
		KEMR San Francisco, CA 94111	Rad	lio Ad				\$.00	\$.00		

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNI FORM		55
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>55</u>	of 327	7
	Amendment No 000	(Date of election i (Month, Day	f applicable:		For Official Use C		
	Report No CM2		10/7/2003					
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)			
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER				
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SIREELAL	DDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CO	DDE/PHON	E
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2. Name o	of Candidate or Measure Sup	ported or Opposed					CHECK	ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		SUPPORT	OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
. Indepe	endent Expenditures Made Att	ach additional information on appropri	 ately labeled continuation	sheets.		0.000	A TIV (T. T.O. F	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	COMOL CAL (JAN	ATIVE TO [ENDAR YE I.1 - DEC.3	AR 1)
	KBRG/KLOK Campbell, CA 95008	Radi	o Ad		\$.00	\$.00		
	KIQI	Radi	o Ad		\$.00	\$.00		
	San Francisco, CA 94107							
.0/7/2003	Hermes Cardenas Hollywood, CA 90028	Vote	er Contact		\$23.33	\$189.56		

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
IONS ON REVERSE	Amendment (Explain Below	through 12/31/2003	3		Page 56 of	327
Amendment No 000	_	Date of election if	applicable:			
Report No CM2	_	10/7/2003				
ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
/FILER'S NAME		NAME OF TREAS	URER			
DRESS (NO P.O. BOX)		MAILING ADDRES	SS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
AX/E-MAIL ADDRESS		OPTIONAL: FAX/E	E-MAIL ADDRESS			
f Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NDIDATE		OFFICE SOUGHT OR HEL	D AND DISTRICT, II	FAPPLICABLE	SUPPOR	T OPPOSE
LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	1			AMOUNT	CUMULATIVE T	O DATE YEAR
Hermes Cardenas Hollywood, CA 90028			<u></u>	\$166.23	\$189.56	<i>5.</i> 01)
Marisol Cardenas Los Angeles, CA 90002	Voter	Contact		\$23.33	\$189.56	
Marisol Cardenas Los Angeles, CA 90002	Voter	Contact		\$166.23	\$189.56	
	te Sections 84203.5) ONS ON REVERSE Amendment No CM2 Stee/Filer Information FILER'S NAME RESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Suspide to Main and Address Make And Address NAME AND ADDRESS Hermes Cardenas Hollywood, CA 90028 Marisol Cardenas Los Angeles, CA 90002	Amounts may be rounded to whole dollars. ONS ON REVERSE Amendment No 000 Report No CM2 I.D. NUMBER (if recipient committee) Itee/Filer Information FILER'S NAME STATE ZIP CODE AREA CODE/PHONE AX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed IDIDATE LOT MEASURE INAME AND ADDRESS OF PAYEE Hermes Cardenas Hollywood, CA 90028 Marisol Cardenas Los Angeles, CA 90002 Marisol Cardenas Los Angeles, CA 90002	Amendment No ONS ON REVERSE Amendment No Report No CM2 Amendment (Explain Below) Report No CM2 Amendment (Explain Below) Amendment No ONS ON REVERSE Amendment No ONS ON REVERSE Amendment No CM2 Amendment (Explain Below) Amendment (Explain Below) Date of election if (Month, Day, 10/7/2003 Treasurer NAME OF TREAS RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE AXZE-MAIL ADDRESS OPTIONAL: FAXE Candidate or Measure Supported or Opposed ADDIDATE OFFICE SOUGHT OR HEL DESCRIPTION OF E. Hermes Cardenas Hollywood, CA 90028 Marisol Cardenas Los Angeles, CA 90002 Marisol Cardenas Los Angeles, CA 90002 Worer Contact	Amounts may be rounded to whole dollars. Amendment No	Type or print in ink. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through	Amounts may be rounded to whole dollars. Sections 84203.5) ONS ON REVERSE Amendment No. 000 Report No. 000

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below) through <u>12/31/200</u>)3		Page 57 of	327
A	mendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	BURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A		tely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Emilia Carrasco Los Angeles, CA 90033		Contact		\$23.33	\$346.41	0.01)
10/7/2003	Emilia Carrasco Los Angeles, CA 90033	Voter	Contact		\$323.08	\$346.41	
9/30/2003	Abel Castaneda South Gate, CA 90280	Phone	Bank		\$408.46	\$906.09	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
•	Sections 84203.5)		from9/21/200	03			
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>58</u> of _	327
An	nendment No 000	-	Date of election i			For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	lent Expenditures Made At	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
10/6/2003	Abel Castaneda South Gate, CA 90280	Phon	neBank		\$204.40	\$906.09	
10/7/2003	Maria Castellanos Los Angeles, CA 90020	Vote	er Contact		\$23.33	\$256.05	
10/7/2003	Maria Castellanos Los Angeles, CA 90020	Vote	er Contact		\$232.72	\$256.05	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>59</u> of	327
Am	nendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of C	Candidate or Measure Sup	ported or Opposed				CHE	ECK ONE
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NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made Att	ach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE -	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Vilma Castellon Los Angeles, CA 90028	Vote	r Contact		\$290.98	\$290.98	
10/7/2003	Cecilia Castillo Hawthorne, CA 90250	Vote	er Contact		\$323.08	\$323.08	
10/7/2003	Gloria Castillo Los Angeles, CA 90044	Vote	er Contact		\$329.14	\$329.14	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>60</u> of	327
Ar	mendment No 000	- Line 1 - L	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of (Candidate or Measure Sur	oported or Opposed				CUE	CK ONE
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NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Armando Castro Los Angeles, CA 90063		Contact		\$23.33	\$123.07	0.01)
10/7/2003	Armando Castro Los Angeles, CA 90063	Voter	Contact		\$99.74	\$123.07	
10/6/2003	Vickie Cavarlez Los Angeles, CA 90020	Voter	Contact		\$171.82	\$171.82	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 61 of	327
A	mendment No 000	- (Explain 5515)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name of	Candidate or Measure Sup	oported or Opposed				СН	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
9/30/2003	Rudy Centeno Los Angeles, CA 90018		eBank		\$357.90	\$684.46	.0.01)
9/29/2003	Byron Charlton Los Angeles, CA 90020	Voter	Contact		\$103.13	\$103.13	
10/7/2003	Ruth Chavez North Hollywood, CA 91605	Voter	Contact		\$184.50	\$217.74	

Supplemen Expenditure Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIONS	,					- (2)	227
	endment No 000	Amendment (Explain Bei	through 12/31/20 Date of election i (Month, Date	f applicable:		For Official Use 0	
	Report No CM2		10/7/2003	,, reary			
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	mittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/E	F-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Ruth Chavez North Hollywood, CA 91605	Vot	er Contact		\$33.24	\$217.74	
9/30/2003	Ana Chavira Lynwood, CA 90262	Pho	oneBank		\$243.62	\$545.93	
9/30/2003	Conrad Chavira Lynwood, CA 90262	Pho	neBank		\$243.62	\$545.93	

	olemental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENTA Date Stamp	L INDEPENDENT EXPE	
	enditure Report ment Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2003	CALIFORNIA 4	65
SEE INS	STRUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>63</u> of _	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Co	ommittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COV	MMITTEE/FILER'S NAME	I	NAME OF TREA	SURER			
			MAILING ADDRE	ESS			
STR	EEET ADDRESS (NO P.O. BOX)						
CITY	Y STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	ONE
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2. Na	me of Candidate or Measure Su <mark>j</mark>	oported or Opposed				CHE	CK ONE
NAMI	E OF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	T OPPOSE
			DALL OT NO # 57750	T II I DIODIOTION			
NAMI	E OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Inc	dependent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.	1	CUMULATIVE T CALENDAR	
	DATE NAME AND ADDRE		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/200	Maria Cielo Los Angeles, CA 90011	Vote	er Contact		\$317.21	\$317.21	
9/30/200		Phor	neBank		\$408.46	\$690.45	
	Paloma, CA 91331						
10/6/200	Belinda Cisneros Paloma, CA 91331	Phor	neBank		\$173.59	\$690.45	

Supplemen Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4 FORM	65
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>64</u> of <u>3</u>	27
Ame	endment No 000		Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient cor	mmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	NE
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS	S		
2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	ATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	T, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	ent Expenditures Made Att	tach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Mirian Climaco Los Angeles, CA 90037	Voter	Contact		\$23.33	\$243.34	
10/7/2003	Mirian Climaco Los Angeles, CA 90037	Voter	Contact		\$220.01	\$243.34	
10/7/2003	Carlos Colindres Los Angeles, CA 90026	Voter	Contact		\$33.24	\$297.82	

	lemental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	nditure Report nent Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM 4	l 65
SEE INST	FRUCTIONS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>65</u> of	327
	Amendment No 000	-	Date of election i (Month, Da	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Coı	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COM	MITTEE/FILER'S NAME		NAME OF TREA	SURER			
OTDE	TET ADDRESS (AIO D.O. DOV)		MAILING ADDR	ESS			
SIRE	EET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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	ne of Candidate or Measure Sup	oported or Opposed				СНЕ	ECK ONE
NAME	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Ind	ependent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE -	TO DATE
DA	ATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	RYEAR
10/7/2003	Carlos Colindres Los Angeles, CA 90026	Vote	er Contact		\$264.58	\$297.82	
10/7/2003		Vote	er Contact		\$132.98	\$132.98	
	Los Angeles, CA 90018						
10/7/2003	Maria Consuelo Los Angeles, CA 90033	Vote	er Contact		\$166.23	\$166.23	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page _66 of	327
Am	nendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX/	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	candidate or Measure Sur	oported or Opposed				CHE	ECK ONE
NAME OF CANDI	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	ent Expenditures Made A	1	•		AMOUNT	CUMULATIVE 1	TO DATE R YEAR
DATE 9/30/2003	NAME AND ADDRE Servando Contreras		DESCRIPTION OF eBank	EXPENDITURE	\$461.10	(JAN.1 - DE \$1,013.20	:C.31)
	Los Angeles, CA 90029						
10/6/2003	Servando Contreras Los Angeles, CA 90029	Phon	eBank		\$221.64	\$1,013.20	
10/7/2003	Roberto Cordova Southgate, CA 90280	Vote	r Contact		\$132.98	\$132.98	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM	l 65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>67</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREELA	NDDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/Pł	HONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sur	oported or Opposed				СН	ECK ONE
NAME OF 0	CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		euppo	RT OPPOSE
NAME OF E	SALLOT MEASURE		BALLOT NO./LETTER	JUNISDICTION		SUPPO	OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DE	R YEAR
10/7/2003	Sonia Cordova Southgate, CA 90280	Vote	er Contact		\$165.20	\$231.69	.,
	Sounigate, e1170200						
10/7/2002	Sonia Cordova	V-4	Ctt		\$66.40	\$231.69	
10/7/2003	Southgate, CA 90280	VOI	er Contact		\$66.49	\$231.69	
9/30/2003	Vilma Cordova Compton, CA 90220	Pho	neBank		\$467.39	\$1,021.49	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
Government Code	,		from9/21/200				
SEE INSTRUCTION		Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>68</u> of _	
An	nendment No 000	-	Date of election i (Month, Day			For Official Use (Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
070557 40005	TOO MICH OF DOWN		MAILING ADDR	ESS			
STREET ADDRE	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLC	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
 3. Independ	ent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
10/6/2003	Vilma Cordova Compton, CA 90220	Phor	neBank		\$221.64	\$1,021.49	
	Compton, C1170220						
					100.00		
10/7/2003	Miguel Corona Los Angeles, CA 90031	Vote	er Contact		\$23.33	\$326.77	
10/7/2003	Miguel Corona Los Angeles, CA 90031	Vote	er Contact		\$303.44	\$326.77	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>69</u> of	327
	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CA		Photograph of the same	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE - CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Ana Cortes North Hills, CA 91343	Voter	Contact		\$203.24	\$203.24	
10/7/2003	Maria Cortez Los Angeles, CA 90018	Voter	Contact		\$23.33	\$322.70	
10/7/2003	Maria Cortez Los Angeles, CA 90018	Voter	Contact		\$299.37	\$322.70	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
•	,						
SEE INSTRUCTION		Amendment (Explain Beld	through <u>12/31/20</u>	03			327
An	nendment No 000	_	Date of election i (Month, Day			For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
OTDEET ADDDE	TOO (NO D. O. DOV)		MAILING ADDRI	ESS			
STREET ADDRE	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	oported or Opposed				СН	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF BALLC	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE ⁻ CALENDAF (JAN.1 - DE	YEAR
10/7/2003	Norma Cortez Long Beach, CA 90813	Vote	er Contact		\$310.29	\$310.29	,
10/7/2002	Prima Cantan	V-A	Ctt		\$23.33	¢251 17	
10/7/2003	Reina Cortez Los Angeles, CA 90011	Vote	er Contact		\$23.33	\$351.17	
10/7/2003	Reina Cortez Los Angeles, CA 90011	Vote	er Contact		\$327.84	\$351.17	
	3 ,						

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _71 of	327
A	amendment No 000	- (ZAPIGIII 2500)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR CC.31)
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	·Contact		\$23.33	\$256.04	,
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	· Contact		\$132.98	\$256.04	
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	Contact		\$66.49	\$256.04	

Supplement Expenditure Government Code So		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIONS	,	Amondment (5.11.51		003		D = 72	227
Ame	endment No 000	Amendment (Explain Belo	w) through 12/31/20 Date of election i (Month, Da	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	S		
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR'	OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT #22.24	(JAN.1 - DEC	
10/7/2003	Los Angeles, CA 90019	Vote	r Contact		\$33.24	\$256.04	
10/7/2003	Ausencio Cruz Los Angeles, CA 90038	Votes	r Contact		\$23.33	\$314.31	
10/7/2003	Ausencio Cruz Los Angeles, CA 90038	Vote	r Contact		\$290.98	\$314.31	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>73</u> of	327
A	Amendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F.	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СНЕ	ECK ONE
NAME OF CAN	IDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ident Expenditures Made A	ĺ	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
9/30/2003	Belem Cruz Los Angeles, CA 90016		eBank		\$471.16	\$1,039.77	.0.01)
10/6/2003	Belem Cruz Los Angeles, CA 90016	Phone	eBank		\$234.02	\$1,039.77	
10/7/2003	Belem Cruz Los Angeles, CA 90016	Voter	Contact		\$23.20	\$1,039.77	

	emental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	L INDEPENDENT EXPE	
	nditure Report ent Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2003	CALIFORNIA 4	<u>65</u>
SEE INSTI	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>74</u> of <u>3</u>	27
	Amendment No 000	-	Date of election i	f applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMM	IITTEE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREE	ET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	NE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. <u>Nam</u>	ne of Candidate or Measure Sup	pported or Opposed				CHEC	K ONE
NAME (OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME (OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR'	OPPOSE
3. Inde	ependent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.			
DA	-	1	DESCRIPTION OF		AMOUNT	CUMULATIVE TO CALENDAR \ (JAN.1 - DEC	/EAR
10/7/2003	Constantino Cruz Los Angeles, CA 90038	Vote	er Contact		\$23.33	\$339.47	
	2507 ingolos, 617 70000						
10/7/2003	Constantino Cruz	Vot	er Contact		\$316.14	\$339.47	
10/7/2003	Los Angeles, CA 90038	Voic	er Contact		\$310.14	\$339.47	
10/7/2003	Domenica Cruz Huntington Park, CA 90001	Vote	er Contact		\$281.34	\$281.34	
	1				1	1	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page _75 of	327
A	mendment No 000	- (2.4pm.)	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	ILER'S NAME	<u> </u>	NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Eddie Cruz Los Angeles, CA 90005		Contact		\$323.14	\$323.14	.0.01)
10/7/2003	Federico Cruz Los Angeles, CA 90038	Voter	Contact		\$23.33	\$369.87	
10/7/2003	Federico Cruz Los Angeles, CA 90038	Voter	Contact		\$316.14	\$369.87	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Below	v) through 12/31/200)3		Page <u>76</u> of	327
	Amendment No 000		Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	ee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	Æ-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE	SUPPO	OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Inde	pendent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF E		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR
10/6/2003	Federico Cruz Los Angeles, CA 90038		Contact	ZA ENDITORE	\$30.40	\$369.87	_0.51)
10/7/2003	Marbella Cruz Los Angeles, CA 90005	Voter	Contact		\$264.58	\$297.82	
10/7/2003	Marbella Cruz Los Angeles, CA 90005	Voter	Contact		\$33.24	\$297.82	

Expenditu	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
Government Cod	le Sections 84203.5)	to whole dollars.	from9/21/200	03		FORIM —	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 77 of	327
A	amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
	2500 (10 2 0 20)		MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	ported or Opposed				-	ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropri	iately labeled continuation	n sheets.		CLIMALII ATIVE	TODATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Maria Cruz Los Angeles, CA 90004	Vote	er Contact		\$23.33	\$304.67	·
	<i>g, </i>						
10/7/2003	Maria Cruz	Vote	er Contact		\$281.34	\$304.67	
10/7/2003	Los Angeles, CA 90004	Voice	a Contact		Ψ201.54	Ψ304.07	
10/7/2003	Miguel Cruz Los Angeles, CA 90057	Vote	er Contact		\$323.14	\$323.14	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>78</u> of _	327
A	Amendment No 000	—	Date of election if (Month, Day	applicable:		For Official Use (
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comn	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	ident Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Olga Marina Cruz Los Angeles, CA 90007		Contact		\$23.33	\$314.31	5.01)
10/7/2003	Olga Marina Cruz Los Angeles, CA 90007	Voter	Contact		\$290.98	\$314.31	
10/7/2003	Silvia Cruz Los Angeles, CA 90029	Voter	Contact		\$303.44	\$303.44	

	ntal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
Expenditu Government Code		Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM 4	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>79</u> of <u>3</u>	327
An	nendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	//E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CAND	DATE		OFFICE SOUGHT OR H	ELD AND DISTRICT	IF APPLICABLE	SUPPOR	T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made At	tach additional information on appropr	iately labeled continuation	n sheets.		CLIMALII ATIVE T	O DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Luciana Cuellar Los Angeles, CA 90006	Vote	er Contact		\$316.14	\$316.14	
9/30/2003	Justo Cuevas	Pho	neBank		\$461.10	\$1,013.20	
9/30/2003	Los Angeles, CA 90057	1 1101	перапк		\$401.10	\$1,013.20	
10/6/2003	Justo Cuevas Los Angeles, CA 90057	Phor	neBank		\$221.64	\$1,013.20	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200	03		FORM 4	
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>80</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL	_: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sup	oported or Opposed					
	CANDIDATE	оролом от орросом	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
2 Indon	ondont Europeditures Mode .						
-	endent Expenditures Made A	1			ı	CUMULATIVE 1 CALENDAR	
DATE 10/7/2003	NAME AND ADDRE Sara Davila		DESCRIPTION OF er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE \$278.05	(C.31)
	Los Angeles, CA 90057				1-2-1-2	1-1-1-1-1	
10/7/2003	Sara Davila Los Angeles, CA 90057	Vote	er Contact		\$254.72	\$278.05	
	2037 mgotos, CT 20007						
10/5/2005					0210.77	4210.20	
10/7/2003	Angelica De Anda Downey, CA 90242	Vote	er Contact		\$310.29	\$310.29	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>81</u> of	327
A	mendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Francisco De Anda Downey, CA 90242	Voter	Contact		\$23.33	\$333.62	
10/7/2003	Francisco De Anda Downey, CA 90242	Voter	Contact		\$310.29	\$333.62	
10/7/2003	Olivia De La Cruz Los Angeles, CA 90012	Voter	Contact		\$23.33	\$189.56	

Expendit	ental Independent ture Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>82</u> of	327
	Amendment No 000	- (Explain 5515)	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	pported or Opposed				CHE	ECK ONE
NAME OF CAI	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Olivia De La Cruz Los Angeles, CA 90012	Voter	Contact		\$166.23	\$189.56	
10/7/2003	Sergio De Leon Los Angeles, CA 90044	Voter	Contact		\$166.23	\$199.47	
10/7/2003	Sergio De Leon Los Angeles, CA 90044	Voter	Contact		\$33.24	\$199.47	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP	ENDITURI
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2003	CALIFORNIA FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page _83 of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Nama	of Candidate or Measure Su	anartad ar Onnacad					
	CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	1	CK ONE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Blanca Delgado North Hollywood, CA 91606	Vote	r Contact		\$199.48	\$199.48	
10/7/2003	Esmeralda Delgado Pasadena, CA 91104	Vote	r Contact		\$23.33	\$339.47	
10/7/2003	Esmeralda Delgado Pasadena, CA 91104	Vote	r Contact		\$316.14	\$339.47	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from 9/21/2003		CALIFORNIA 465
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/2003</u>		Page <u>84</u> of <u>327</u>
A	Amendment No 000	- Landing (Explain Book	Date of election if appli (Month, Day, Year		For Official Use Only
	Report No CM2	-	10/7/2003		
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If re	ecipient committee)	
COMMITTEE/	FILER'S NAME		NAME OF TREASURER	3	
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAI	L ADDRESS	
2. Name of	Candidate or Measure Sup	pported or Opposed			CHECK ONE
NAME OF CAN			OFFICE SOUGHT OR HELD AN	D DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER JURI	SDICTION	SUPPORT OPPOSE
3. Indepen	ndent Expenditures Made A	1	ately labeled continuation sheet DESCRIPTION OF EXPEN	1	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/7/2003	Victoria Delgado Los Angeles, CA 90026		r Contact	\$23.33	\$287.91
10/7/2003					
10/7/2003	Victoria Delgado Los Angeles, CA 90026	Vote	r Contact	\$264.58	\$287.91

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
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	IONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	through <u>12/31/2003</u>			327
4	Amendment No 000		Date of election i (Month, Da			For Official Use	Only
	Report No CM2		10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
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STREET ADL	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PI	HONE
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	f Candidate or Measure Sup	ported or Opposed				СН	ECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	SUPPO	ORT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
-	ndent Expenditures Made At	1				CUMULATIVE CALENDA	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE		(JAN.1 - DI	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Voice	er Contact		\$23.33	\$090.88	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Vote	er Contact		\$225.90	\$690.88	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Vote	er Contact		\$441.65	\$690.88	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE Amendment No Report No Report No CM2 I. Committee/Filer Information COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS 2. Name of Candidate or Measure Supported or Opposed NAME OF CANDIDATE NAME OF BALLOT MEASURE 3. Independent Expenditures Made Attach additional information on appropriate information information information on appropriate information information on appropriate information information on appropriate information inf	(a) through 12/31/20	03		Page <u>86</u> of	327		
	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM2	Report Amounts may be rounded to whole dollars. No REVERSE Idment No 000					
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
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 2. Name	e of Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
	- -	1			l mount	CUMULATIVE CALENDA	TO DATE
10/7/2003				EXPENDITURE		(JAN.1 - DI	EC.31)
	Los Angeles, CA 90004						
9/30/2003		Phon	neBank		\$379.92	\$877.54	
10/6/2003	Luisa Diaz Arleta, CA 91331	Phon	neBank		\$204.40	\$877.54	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE	003		Page 87 of	327			
A	mendment No $\frac{000}{}$	— (Expain 55)	Date of election i	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. ON REVERSE Idment No OND Report No CM2 Amendment (Explain Below) Date of election if applicable: (Worth, Day, Year) IO7/2003 TEASURE (If recipient committee) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE TO STATE ZIP CODE AREA CODE/PHONE OFFICE SOUGHT OR HELD AND DISTRICT. IF APPLICABLE REASURE BALLOT NO/LETTER JURISDICTION IN EXPENDITURE AMOUNT Rogello Disz Ro					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	-	1	•		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR FC 31)
10/6/2003		Phone	eBank		\$234.54	\$234.54	,
10/7/2003		Voter	Contact		\$323.14	\$323.14	
10/7/2003	Sonia Diaz Los Angeles, CA 90003	Voter	Contact		\$156.53	\$156.53	

	upplemental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALLEGENIA	
	nditure Report nent Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	CALIFORNIA FORM	65
SEE INST	TRUCTIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>88</u> of _	327
	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Co	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMI	MITTEE/FILER'S NAME		NAME OF TREA	SURER			
OTDE	TET ADDRESS (NO D. G. DOV)		MAILING ADDR	ESS			
SIRE	EET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE
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	ne of Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME	OF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	O. D. 12.0		3.2201.104.22.72			33 11 3 1	
 3. Ind	lependent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMUL ATIVE T	O DATE
DA	ATE NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
9/30/2003	Victor Diaz Los Angeles, CA 90063	Pho	neBank		\$496.54	\$1,086.41	
10/6/2003		Pho	neBank		\$240.11	\$1,086.41	
	Los Angeles, CA 90063						
10/7/2003	Victor Diaz Los Angeles, CA 90063	Vot	er Contact		\$23.20	\$1,086.41	

Expendit	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
Government Co	ode Sections 84203.5)	to whole dollars.	from9/21/200	3		FORIWI	
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>89</u> of	327
	Amendment No 000		Date of election i (Month, Da	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET AD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/P	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of CA	of Candidate or Measure Sup	ported or Opposed	OFFICE COLLOUT OF LI	TI D AND DICTRICT I	F ADDI IOADI F		ECK ONE
NAME OF CA	INDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE	SUPPO	ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDA (JAN.1 - D	R YEAR
9/30/2003	Mynor Dixon Los Angeles, CA 90047	Phor	neBank		\$379.92	\$832.06	
10/6/2003	Mynor Dixon	Phor	neBank		\$173.59	\$832.06	
	Los Angeles, CA 90047					133233	
10/7/2003	Lucia Dominguez Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$219.59	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2003	FORM 2	CO
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>90</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003	m 9/21/2003 ough 12/31/2003 te of election if applicable: (Month, Day, Year) ///2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS SOUGHT OR HELD AND DISTRICT, IF APPLICABLE T NO./LETTER JURISDICTION led continuation sheets. ESCRIPTION OF EXPENDITURE AMOUNT \$196.26 \$219			
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2 Nama	of Candidata or Massura Sur	anartad ar Onnacad					
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT. IF	F APPLICABLE		CK ONE
				,			
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE			EXPENDITURE		CALENDAR (JAN.1 - DE	
10/7/2003	Lucia Dominguez Los Angeles, CA 90006	Vote	r Contact		\$196.26	\$219.59	
10/7/2003	Juan Dominguez Lennox, CA 90304	Votes	r Contact		\$23.33	\$351.17	
10/7/2003	Juan Dominguez Lennox, CA 90304	Votes	r Contact		\$327.84	\$351.17	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	FENDITURI
•	CTIONS ON REVERSE						
	Amendment No 000	Amendment (Explain Below				_	327
	Amendment No 300	-				For Official Use	Only
	Report No CM2	-	Inded from 9/21/2003 Ithrough 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AFTER OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO./LETTER JURISDICTION Appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	ESS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL:	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed					CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE	SUPPO	RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	 ately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1			AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Amilcar Dominguez Los Angeles, CA 90057	Voter	r Contact		\$317.21	\$317.21	
	2001.111.90007						
10/7/2002	511.5	•			422.22	*****	
10/7/2003	Belgica Duarte La Puente, CA 91744	Voter	r Contact		\$23.33	\$222.80	
10/7/2003	Belgica Duarte La Puente, CA 91744	Votes	r Contact		\$132.98	\$222.80	
	La ruente, CA 91/44						
	The state of the s				1	1	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		Date Stamp 1/12/2003	CALIFORNIA FORM	165
•	DNS ON REVERSE	_					
		Amendment (Explain Belo	through $\frac{12/31/20}{12}$	03		<u> </u>	327
A	mendment No 000	_				For Official Use	Only
	Report No CM2	_	from 9/21/2003 through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE A OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION DESCRIPTION OF EXPENDITURE AMOUNT				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/Pł	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	Candidate or Measure Su	pported or Opposed					ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	uttach additional information on appropri	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1			AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DE	R YEAR
10/7/2003	Belgica Duarte La Puente, CA 91744	Vote	er Contact		\$66.49	\$222.80	•
10/7/2002	ET. D	77 .			#22.22	¢251.17	
10/7/2003	Felipe Duenas Lynwood, CA 90262	Vote	er Contact		\$23.33	\$351.17	
10/7/2003	Felipe Duenas Lynwood, CA 90262	Vote	er Contact		\$327.84	\$351.17	
	2711WOOd, C/1 70202						

	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	ENDITURI
	ode Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM	
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>93</u> of	327
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed				СН	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE	SUPPO	OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	R YEAR
10/7/2003	Jorge Echevestre Los Angeles, CA 90057	Vote	er Contact		\$272.96	\$306.20	
10/7/2003	Jorge Echevestre	Vote	er Contact		\$33.24	\$306.20	
	Los Angeles, CA 90057					7000.20	
10/7/2003	Lillian Elias Los Angeles, CA 90006	Vote	er Contact		\$317.21	\$317.21	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	·		Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. from 9/21/2003 1/12/2003	Page <u>94</u> of <u></u>	327				
Ar	mendment No 000	—	Date of election if	applicable:		For Official Use (
	Report No CM2	Type or print in ink. Amounts may be rounded to whole dollars. Report covers period Pale Stamp 1/12/2003 Page 9/21/2003 Page 9/21/2					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	littee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREAS	URER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRES	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX/E	E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				CHE	CK ONE
			OFFICE SOUGHT OR HEL	D AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	-	1	•		AMOUNT	CUMULATIVE T	YEAR
10/7/2003	Silvia Ericka Enriquez			AT ENDITORE		(JAN.1 - DEC	J.31)
	venice, CA 90291						
10/7/2003		Voter	Contact		\$272.96	\$272.96	
9/30/2003	Andrea Escobar Los Angeles, CA 90005	Phone	eBank		\$444.80	\$993.00	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		SUPPLEMENTA Date Stamp 1/12/2003		65
SEE INSTRUCTIO	,						
		Amendment (Explain Belo	through $\frac{12/31/20}{12}$	03		Page <u>95</u> of _	
An	mendment No 000	-				For Official Use	Only
	Report No CM2	Amounts may be rounded to whole dollars. FORM 9/21/2003					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
OTDEET 4000			MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. <u>Name of (</u>	Candidate or Measure Տսր	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE	SUPPOR	RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
 3. Independ	lent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Andrea Escobar Los Angeles, CA 90005	Phor	neBank		\$221.64	,	<u> </u>
	Los Imgeles, CIT 70003						
10/7/2002	EL E I	V.	<u> </u>		#22.22	#224.05	
10/7/2003	Edgar Escobar Van Nuys, CA 91406	Vote	er Contact		\$23.33	\$234.95	
10/7/2003	Edgar Escobar Van Nuys, CA 91406	Vote	er Contact		\$211.62	\$234.95	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Date of election if applicable: (Month, Day, Year) 1/07/2003 Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MALING ADDRESS TOTAL: FAXIE-MAIL	Page <u>96</u> of	327				
Ar	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Below)					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	oported or Opposed				CHI	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	-	1	·		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/7/2003	Lillian Escobar			EXTENDITORE		(JAN.1 - DE	:0.31)
	Hawmonie, CA 90230						
10/7/2003		Vote	r Contact		\$290.98	\$314.31	
9/30/2003		Phon	neBank		\$425.05	\$658.63	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTIONS ON REVERSE Amendment (Explain			w) through 12/31/20	003		Page <u>97</u> of	327
A	Amendment No 000	- (Explain 25.5)	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	endment (Explain Below) through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE A OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION information on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT PhoneBank S210.38 S658.6				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				СН	ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1			AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/6/2003	Marcos Escobar Tempe, AZ 85283	Phone	eBank		\$210.38	\$658.63	
10/7/2003	Marcos Escobar Tempe, AZ 85283	Voter	· Contact		\$23.20	\$658.63	
10/7/2003	Carmen Espana Los Angeles, CA 90006	Voter	Contact		\$23.33	\$331.08	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 98 of	327
A	mendment No 000	- (Explain 25.5)	Date of election	if applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Balow)					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CI	IECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR EC.31)
10/7/2003	Carmen Espana Los Angeles, CA 90006	Voter	Contact		\$307.75	\$331.08	
10/7/2003	Elias Espinoza Costa Mesa, CA 92627	Voter	Contact		\$288.28	\$288.28	
10/7/2003	Gisela Espinoza Los Angeles, CA 90062	Voter	Contact		\$282.60	\$282.60	

Expendi	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page 99 of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	_	ment (Explain Below) through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Trecipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS OPOSED OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION mation on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT Voter Contact \$232.72 \$232				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET AI	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name (of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF C			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1			AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Indira Espinoza Los Angeles, CA 90003	Voter	Contact		\$232.72	\$232.72	,
10/7/2003	Juana Espinoza Costa Mesa, CA 92627	Voter	Contact		\$23.33	\$340.54	
10/7/2003	Juana Espinoza Costa Mesa, CA 92627	Voter	Contact		\$317.21	\$340.54	

Expendit u	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page 100 of 3	327
A	mendment No 000	/ / / / / / / / / / / / / / / / / / /	Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
OTDEET 4000	2500 (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen DATE 10/7/2003	dent Expenditures Made Att NAME AND ADDRES Thelma Espinoza	SS OF PAYEE	ately labeled continuation DESCRIPTION OF or Contact		\$23.33	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR
	Los Angelês, CA 90003						
10/7/2003	Thelma Espinoza Los Angeles, CA 90003	Vote	er Contact		\$225.90	\$249.23	
10/7/2003	Vimey Espinoza Alhambra, CA 91801	Vote	r Contact		\$405.43	\$405.43	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through 12/31/2003			Page	327
A	mendment No 000	- (Explain 500)	Date of election if a	pplicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Below)					
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient committe	ee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREASU	JRER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRES	S			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX/E	-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HEL	D AND DISTRICT, IF A	PPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ		1			AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
10/7/2003	Beatriz Estrada			I LINDITORE		(JAN.1 - DE	J.31)
	Los Angeles, CA 90017						
10/6/2003	Beatriz Estrada Los Angeles, CA 90017	Voter	Contact		\$33.25	\$199.48	
9/30/2003							

Expendit u	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- 165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>102</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
OTDEET ADDE	DESC (NO D.O. DOV)	_	MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CANE	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ DATE 10/6/2003	Maria Estrada Los Angeles, CA 90017	SS OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		\$217.56	CUMULATIVE CALENDAF (JAN.1 - DE \$955.58	RYEAR
10/7/2003	Maria Estrada Bell Gardens, CA 90201	Vote	er Contact		\$66.49	\$166.23	
10/7/2003	Maria Estrada Bell Gardens, CA 90201	Vote	er Contact		\$99.74	\$166.23	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURI
•	NS ON REVERSE	□ A		002		102	227
Ai	mendment No 000	Amendment (Explain Belo	bw) through 12/31/20 Date of election in (Month, Date)	f applicable:		Page 103 of For Official Use	327 Only
	Report No CM2		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREEI ADDR	E33 (NO F.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of OND	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE 10/7/2003	Miguel Estrada Los Angeles, CA 90006	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		AMOUNT \$299.37	CUMULATIVE CALENDAF (JAN.1 - DE \$299.37	RYEAR
10/7/2003	Alicia Fabian Garden Grove, CA 92844	Vote	er Contact		\$23.33	\$289.30	
10/7/2003	Alicia Fabian Garden Grove, CA 92844	Vote	er Contact		\$265.97	\$289.30	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	03		Page <u>104</u> of	327
Am	nendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		Date of election if applicable: (Month, Day, Year) 10/7/2003 E) Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDII	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	1	RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Estela Fabian Garden Grove, CA 92844	Vote	er Contact		\$327.84	\$327.84	
10/7/2003	Maria Fabian Inglewood, CA 90303	Vote	er Contact		\$327.84	\$327.84	
10/7/2003	Rosa Fabian Paramount, CA 90723	Vote	er Contact		\$265.97	\$265.97	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>105</u> of	327
An	nendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	ASURER			
OTDEET ADDRE	FOC (NO D.O. POV)	_	MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
DATE 10/7/2003	Rosa Fernandez Los Angeles, CA 90044	S OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$316.14	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Jose Figueroa Los Angeles, CA 90006	Vote	er Contact		\$220.01	\$220.01	
10/7/2003	Felipe Flores Los Angeles, CA 90018	Vote	er Contact		\$23.33	\$344.85	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	UJ
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>106</u> of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	(Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA OPTIONAL: FAX/E-MAIL ADDRESS				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name	of Candidate or Measure Sup	norted or Onnosed					
NAME OF C	<u> </u>	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Felipe Flores Los Angeles, CA 90018	Vote	r Contact		\$288.28	\$344.85	
10/7/2003	Felipe Flores Los Angeles, CA 90018	Vote	r Contact		\$33.24	\$344.85	
10/7/2003	Maria Flores Pacoima, CA 91331	Vote	r Contact		\$132.98	\$132.98	

Supplement Expenditure Government Code Se		Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4 FORM	65
SEE INSTRUCTIONS	ON REVERSE	Amondmont /Fyrolein Relea		003		Page <u>107</u> of <u>3</u>	27
Ame	Amendment No 000 Explain Below)		Date of election i	if applicable:		For Official Use C	
	Report No CM2	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below)					
1. Committee	/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTEE/FILER	R'S NAME		NAME OF TREA	SURER			
STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	NE
OPTIONAL: FAX/E-	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	3		
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE	1	OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	nt Expenditures Made Att	tach additional information on appropria	 ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES			EXPENDITURE		CALENDAR \ (JAN.1 - DEC	
10/7/2003	Nora Flores Lynwood, CA 90262	Votes	r Contact		\$290.98	\$290.98	
10/7/2003	Norma Flores Southgate, CA 90280	Votes	r Contact		\$307.75	\$307.75	
10/7/2003	Raul Flores Pacoima, CA 91331	Votes	r Contact		\$23.33	\$339.47	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>108</u> of	327
Aı	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
CTDEET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREELADDR	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of OND	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
DATE 10/7/2003	Raul Flores Pacoima, CA 91331	S OF PAYEE	ately labeled continuation DESCRIPTION OF r Contact		AMOUNT \$316.14	CUMULATIVE 1 CALENDAR (JAN.1 - DE \$339.47	YEAR
10/7/2003	Rosa Flores Los Angeles, CA 90019	Vote	r Contact		\$166.23	\$232.72	
10/7/2003	Rosa Flores Los Angeles, CA 90019	Vote	r Contact		\$66.49	\$232.72	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003	TION TALIPO FOR Page 109 For C STATE ZIP CODE ARE STRICT, IF APPLICABLE	Page 109 of	327
An	nendment No 000		Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
OTTLET ADDITI	200 (NOT .O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		ECK ONE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ DATE 10/7/2003	Rosa Flores Los Angeles, CA 90037	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact			CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Yolanda Flores Sylmar, CA 91342	Phor	neBank		\$426.63	\$955.58	
10/6/2003	Yolanda Flores Sylmar, CA 91342	Phor	neBank		\$217.56	\$955.58	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	mendment No 000	—	Date of election (Month, Da	if applicable:	Date Stamp 1/12/2003 Committee) STATE ZIP CODE ESS ICT, IF APPLICABLE	For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Hanafi Fnu Los Angeles, CA 90057	Voter	·Contact		\$265.97	\$265.97	,
10/7/2003	Silvana Fortunes Los Angeles, CA 90057	Voter	· Contact		\$282.60	\$282.60	
10/7/2003	Mariana Franco Panorama, CA 91042	Voter	Contact		\$23.33	\$346.41	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	pendent Expenditures Made A	1	•		1	CUMULATIVE 1 CALENDAR	O DATE YEAR
DAT 10/7/2003	E NAME AND ADDRE Mariana Franco		DESCRIPTION OF r Contact	EXPENDITURE	\$323.08	(JAN.1 - DE	C.31)
	Panorama, CA 91042						
9/30/2003	Angel Fuentes Los Angeles, CA 90011	Phon	eBank		\$195.31	\$390.62	
10/6/2003	Angel Fuentes Los Angeles, CA 90011	Phon	neBank		\$195.31	\$390.62	

Supplement Expenditure Government Code Se		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTAL Date Stamp 1/12/2003	CALIFORNIA 4	65
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	03		Page <u>112</u> of <u>3</u>	327
Amendment No 000 Report No CM2			Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient cor	nmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	PE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS	3		
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/7/2003	Mauricio Fuentes Los Angeles, CA 90015	Vote	er Contact		\$323.08	\$323.08	
9/30/2003	Rogelio Fuentes Los Angeles, CA 90011	Phot	neBank		\$195.31	\$195.31	
10/7/2003	Jorge Fugon Los Angeles, CA 90004	Vote	er Contact		\$23.33	\$304.67	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>			Page <u>113</u> of _	327
Aı	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
070557 4000	500 (NO P.O. POV)		MAILING ADDR	ESS			
STREET ADDR	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of O	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made Att	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Jorge Fugon Los Angeles, CA 90004	Votes	r Contact		\$281.34	\$304.67	
10/7/2003	Luis Funes Los Angeles, CA 90032	Votes	r Contact		\$23.33	\$340.54	
10/7/2003	Luis Funes Los Angeles, CA 90032	Votes	r Contact		\$317.21	\$340.54	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/2003</u>			Page 114 of 327	
A	mendment No 000			applicable: , Year)		For Official Use 0	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independent	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	D DATE YEAR
10/7/2003	Francisco Galiano Los Angeles, CA 90016		Contact		\$23.33	\$333.62	
10/7/2003	Francisco Galiano Los Angeles, CA 90016	Voter	Contact		\$310.29	\$333.62	
10/7/2003	Manuel Galindo Los Angeles, CA 90057	Voter	Contact		\$23.33	\$379.71	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/2003</u>			Page 115 of 327	
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME O	OF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
	ependent Expenditures Made A	1			AMOUNT	CUMULATIVE 1 CALENDAR	O DATE
DAT 10/7/2003	TE NAME AND ADDRE Manuel Galindo		DESCRIPTION OF Contact	EXPENDITURE	\$323.14	(JAN.1 - DE \$379.71	C.31)
	Los Angeles, CA 90057						
10/7/2003	Manuel Galindo Los Angeles, CA 90057	Voter	Contact		\$33.24	\$379.71	
9/29/2003	Linda Gamberg Los Angeles, CA 90020	Voter	·Contact		\$112.39	\$486.57	

Expenditur		Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA /	ndituri 65
Government Code S	Sections 84203.5)	to whole dollars.	from $\frac{9/21/2003}{}$				
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Below	through	Page <u>116</u> of <u>3</u>	27		
Am	endment No 000		Date of election i	if applicable:		For Official Use C	nly
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient co	mmittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
OTDEET 40000	20 (10 2 0 20)		MAILING ADDR	ESS			
STREET ADDRES	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	NE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRES	S		
	andidate or Measure Sup	ported or Opposed					K ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR H	ELD AND DISTRIC	T, IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	n sheets.		CLIMI II ATIVE TO	DATE
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	COMOLATIVE TO CALENDAR ((JAN.1 - DEC	/EAR
9/27/2003	Linda Gamberg Los Angeles, CA 90020	Voter	Contact		\$180.02	\$486.57	
10/6/2003	Linda Gamberg	Votor	Contact		\$14.15	\$196.57	
10/0/2003	Los Angeles, CA 90020	Voici	Contact		φ1 4 .13	φ4ου.37	
10/6/2003	Linda Gamberg Los Angeles, CA 90020	Voter	Contact		\$180.01	\$486.57	

Expenditur		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
Government Code S	Sections 84203.5)	to whole donars.	from9/21/200	3			
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>117</u> of _	327
Am	endment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use (Only
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDIE	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLOT	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Cesar Gamboa Los Angeles, CA 90019	Vote	er Contact		\$23.33	\$339.47	
10/7/2003	Cesar Gamboa Los Angeles, CA 90019	Vote	er Contact		\$316.14	\$339.47	
10/7/2003	Juana Gamez Los Angeles, CA 90037	Vote	er Contact		\$332.46	\$332.46	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
	Amendment No 000			f applicable: y, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CUI	CK ONE
NAME OF C		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Alfonso Garcia Los Angeles, CA 90023	Voter	Contact		\$23.33	\$351.17	
10/7/2003	Alfonso Garcia Los Angeles, CA 90023	Voter	Contact		\$327.84	\$351.17	
9/30/2003	Arturo Garcia South Gate, CA 90280	Phone	eBank		\$408.46	\$919.81	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page 119 of	327
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Physical Shirters	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/6/2003	Arturo Garcia South Gate, CA 90280	Phone	eBank		\$173.59	\$919.81	
10/7/2003	Arturo Garcia South Gate, CA 90280	Voter	Contact		\$73.88	\$919.81	
10/7/2003	Aurelia Garcia Los Angeles, CA 90011	Voter	Contact		\$332.46	\$332.46	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Beld	ow) through 12/31/20	003		Page <u>120</u> of _	327
Ar	mendment No 000	·		if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FI	LER'S NAME	<u> </u>	NAME OF TREA	ASURER			
OTDEET 4 DDD	500 (NO D.O. DO)()		MAILING ADDR	ESS			
STREET ADDR	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PH	ONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT	IF APPLICABLE		CK ONE RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made Att	1	riately labeled continuation		AMOUNT	CUMULATIVE T	YEAR
10/7/2003	Cruz Garcia		er Contact	LAFENDITORE	\$238.17	(JAN.1 - DE	ر.31)
	Los Angeles, CA 90044						
10/7/2003	Cruz Garcia Los Angeles, CA 90044	Vote	er Contact		\$66.49	\$304.66	
10/7/2003	Enriqueta Ramos Garcia Los Angeles, CA 90006	Vote	er Contact		\$11.66	\$144.64	

		Type or print in ink. Amounts may be rounded	Report covers	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	65
		to whole dollars.	from9/21/2003	3		FORM 4	UJ
SEE INSTRUCTION	Amounts may be rounded to whole dollars. Namounts may be rounded to whole dollars. Report covers period From 9/21/2003 Poly Poly		Page <u>121</u> of <u>1</u>	327			
Am	nendment No 000	-	Date of election in	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name of C	Candidate or Measure Sur	nnorted or Onnosed					
	·	ported or opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A	tach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
				EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003		Vote	er Contact		\$132.98	\$144.64	
10/7/2003		Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Ernesto Garcia Los Angeles, CA 90023	Vote	er Contact		\$307.75	\$331.08	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	•	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>122</u> of	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropr	 iately labeled continuation	n sheets.		CUMULATIVE - CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Gladis Garcia Los Angeles, CA 90057	Vote	er Contact		\$23.33	\$346.41	
10/7/2003	Gladis Garcia Los Angeles, CA 90057	Vote	er Contact		\$323.08	\$346.41	
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063	Vote	er Contact		\$23.33	\$222.80	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 123 of	327
A	mendment No 000	— (д.краш 2000)	Date of election i	f applicable:		For Official Use	
	Treasurer (if recipient committee) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE Candidate or Measure Supported or Opposed Date of election if applicable: (Month, Day, Year) 107/2003 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed DATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063		Contact		\$166.23	\$222.80	0.01)
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063	Voter	Contact		\$33.24	\$222.80	
10/7/2003	Iris Elizabeth Garcia Reseda, CA 91335	Voter	Contact		\$290.98	\$290.98	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	·		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUC	Amounts may be rounded to whole dollars. Sections 84203.5) As ON REVERSE Inendment No	Page <u>124</u> of	327				
	Amendment No 000	- Amenument (explain beit	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
SIREELAD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name of CA	•	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	-	1			AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
9/30/2003		Phot	neBank		\$461.10	\$1,013.20	,
10/6/2003		Phot	neBank		\$221.64	\$1,013.20	
10/7/2003	Lilia Garcia Los Angeles, CA 90005	Vote	er Contact		\$323.14	\$323.14	

Expendit u	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>125</u> of	327
A	mendment No 000	- Land Control of the	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
	2500 (100 200 200)		MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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2. Name of NAME OF CANE	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independent DATE 10/7/2003	dent Expenditures Made At NAME AND ADDRE Lucia Garcia Los Angeles, CA 90022	SS OF PAYEE	riately labeled continuation DESCRIPTION OF er Contact		\$238.17	CUMULATIVE CALENDAR (JAN.1 - DE	R YEAR
10/7/2003	Maria Garcia Los Angeles, CA 90019	Vote	er Contact		\$223.51	\$389.74	
10/7/2003	Maria Garcia Los Angeles, CA 90019	Vote	er Contact		\$166.23	\$389.74	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page	327
A	mendment No 000	- (Explain 5515)	Date of election i	f applicable:		For Official Use	
	Report No CM2 107/2003 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS TO CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Nelson Garcia Los Angeles, CA 90019		Contact		\$11.66	\$177.89	0.01)
10/7/2003	Nelson Garcia Los Angeles, CA 90019	Voter	Contact		\$166.23	\$177.89	
10/7/2003	Rosaura Garcia Los Angeles, CA 90023	Voter	Contact		\$323.08	\$323.08	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		SUPPLEMENTA Date Stamp 1/12/2003		65
•	·		ment (Explain Below) ment (Explain Below) through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA OPTIONAL: FAX/E-MAIL ADDRESS OPOSed OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO./LETTER JURISDICTION mation on appropriately labeled continuation sheets. CUMIL COMMITTEE CUMIL COMMITTEE CUMIL COMMITTEE COMMITTE				
SEE INSTRUCTIO		Amendment (Explain Belo	through <u>12/31/20</u>	003			
An	nendment No 000					For Official Use (Only
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	ONE
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2. Name of (Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CAND	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
9/30/2003	Laura Godoy Los Angeles, CA 90065	Phor	neBank		\$417.55	\$932.09	
10/6/2003	Laura Godoy	Pho	neBank		\$212.23	\$932.09	
	Los Angeles, CA 90065						
9/30/2003	Rocio Godoy Los Angeles, CA 90065	Phor	neBank		\$408.46	\$906.08	

Expend	liture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	Amounts may to whole describer of the poet	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>128</u> of	327
	Amendment No 000	· (Explain 55k)	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDESO (NO D.O. DOV)		MAILING ADDR	ESS			
SIREEL	ADDRESS (NO P.O. BOX)						
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	•	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
_	NAME AND ADDRES	SS OF PAYEE	riately labeled continuation DESCRIPTION OF neBank		AMOUNT \$204.40	CUMULATIVE CALENDAR (JAN.1 - DE \$906.08	R YEAR
10/7/2003		Vote	er Contact		\$282.60	\$282.60	
10/7/2003	Angelica Gomez Los Angeles, CA 90022	Vote	er Contact		\$332.46	\$332.46	

Expend	iture Report	Type or print in ink. Amounts may be rounded to whole dollars.	·		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRU	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No 000 Report No CM2 Amendment (Explain Below) Report No CM2 Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS THOUGH LANDERSS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS TOPTIONAL: FAX/E-MAIL ADDRESS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS THOUGH LANDERSS THOUGH LANDERSS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS THOUGH LANDERSS THOUGH LANDERSS THOUGH LANDERSS THOUGH LANDERSS TOPTIONAL: FAX/E-MAIL ADDRESS THOUGH LANDERSS THOUGH LANDERS THOUGH LANDERSS THOU	Page <u>129</u> of	327				
	Amendment No 000	- Amenament (Explain beit	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITT	EE/FILER'S NAME	<u> </u>	NAME OF TREA	SURER			
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	•	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
9/30/2003		Phor	neBank		\$426.63	\$955.58	
10/6/2003		Phot	neBank		\$217.56	\$955.58	
10/7/2003	Delmy Gomez Inglewood, CA 90304	Vote	er Contact		\$23.33	\$346.47	

Expend	emental Independent diture Report t Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- 165
SEE INSTRU	Type or print in ink. Amounts may be rounded to whole dollars. Code Sections 84203.5) Cottons 84203.5] Cottons 84203.5]	Page <u>130</u> of	327				
	Amendment No 000	Zananama (Explain Belo	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDESS (NO D.O. DOV)		MAILING ADDR	ESS			
STREET	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	-	ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	-	1			AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Delmy Gomez Inglewood, CA 90304	Vote	r Contact		\$323.14	\$346.47	,
10/7/2003		Vote	r Contact		\$316.14	\$316.14	
10/7/2003		Vote	r Contact		\$299.37	\$299.37	

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURI
SEE INSTRU	CTIONS ON REVERSE	Amounts may be rounded to whole dollars. Severse	Page 131 of	327			
	Amendment No 000	- Amendment (Explain Beld	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDD500 (NO D.O. DOV)		MAILING ADDR	ESS			
SIREEL	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Apolinar Gonzalez Los Angeles, CA 90057	Vote	er Contact		\$23.33	\$351.17	
10/7/2003	Apolinar Gonzalez Los Angeles, CA 90057	Vote	er Contact		\$327.84	\$351.17	
10/7/2003	Aaron Gonzalez Los Angeles, CA 90003	Vote	er Contact		\$332.46	\$332.46	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Amounts mato whole See INSTRUCTIONS ON REVERSE Amendment No Report No CM2 Committee/Filer Information COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE STATE STATE STATE STATE STATE STATE STATE ID CODE AREA OPTIONAL: FAX/E-MAIL ADDRESS Name of Candidate or Measure Supported or Optional State of Candidate NAME OF CANDIDATE NAME OF BALLOT MEASURE Independent Expenditures Made Attach additional information DATE NAME AND ADDRESS OF PAYEE (30/2003 Blanca Gonzalez Compton, CA 90220 (30/6/2003 Blanca Gonzalez Compton, CA 90220	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>132</u> of _	327	
An	nendment No 000	Amenument (Explain Ben	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
CTDEET ADDDI	ESC (NO D.O. DOV)		MAILING ADDR	ESS			
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	•	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
-	NAME AND ADDRES Blanca Gonzalez	SS OF PAYEE	riately labeled continuation DESCRIPTION OF meBank		\$435.72	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/6/2003		Pho	neBank		\$221.64	\$977.42	
10/7/2003		Vote	er Contact		\$23.33	\$289.29	

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
ONS ON REVERSE	Amendment (Explain Below	through 12/31/200	3		Page 133 of 3	327
Amendment No 000			applicable:			
Report No CM2	_	10/7/2003				
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
FILER'S NAME		NAME OF TREAS	URER			
RESS (NO P.O. BOX)		MAILING ADDRES	SS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
AX/E-MAIL ADDRESS		OPTIONAL: FAX/I	E-MAIL ADDRESS			
Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
IDIDATE		OFFICE SOUGHT OR HEL	LD AND DISTRICT, I	F APPLICABLE		T OPPOSE
LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
·	1			AMOUNT	CUMULATIVE TO CALENDAR	D DATE YEAR
Dalila Gonzalez			ALLINDITORE	\$232.72	\$289.29	31)
Lus Aligeles, CA 70000						
Dalila Gonzalez Los Angeles, CA 90006	Voter	Contact		\$33.24	\$289.29	
Efrain Gonzalez Montebello, CA 90604	Voter	Contact		\$23.33	\$333.62	
	Amendment No Report No Report No CM2 Tee/Filer Information FILER'S NAME RESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Su DIDATE LOT MEASURE NAME AND ADDRE Dalila Gonzalez Los Angeles, CA 90006 Efrain Gonzalez Los Angeles, CA 90006	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From9/21/2003	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Amendment (Explain Below) Report No	Type or print in ink. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Through 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Through 12/31/2003 Through 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 T	Amounts may be rounded to whole dollars. The sections of applicable: (Month, Day, Year) Bate of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Th

Expendi	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
•	CTIONS ON REVERSE			1002		- 124	227
	Amendment No 000	Iment No 000 Amendment (Explain Below		if applicable:		Page 134 of For Official Use	327 Only
	Report No CM2	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTE	EE/FILER'S NAME	I	NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SINLLIA	DBNESS (NOT.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PI	HONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE ORT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAI (JAN.1 - DE	
10/7/2003	Efrain Gonzalez Montebello, CA 90604	Vote	er Contact		\$310.29	\$333.62	
10/7/2003	Guadalupe Gonzalez Los Angeles, CA 90011	Vote	er Contact		\$122.43	\$122.43	
9/30/2003	Judith Elizabeth Gonzalez Compton, CA 90220	Phor	neBank		\$435.72	\$945.96	

Expen	upplemental Independent kpenditure Report vernment Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	rs period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
(Governme	nt Code Sections 84203.5)	to whole dollars.	from9/21/200	03		TORM	
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Be	through <u>12/31/20</u>	003		Page of	327
	Amendment No 000	nt No _000		if applicable: by, Year)		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	mittee)		
COMMI	ITTEE/FILER'S NAME	I	NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREE	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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	e of Candidate or Measure Sup DE CANDIDATE	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT	IE ADDI ICADI E		CK ONE
NAIVIE O	F CANDIDATE		OFFICE SOUGHT ON H	ELD AND DISTRICT,	IF AFFLICABLE	SUPPO	RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made A	ttach additional information on approp	riately labeled continuation	n sheets.		OUNTIL ATIVE	TO DATE
DAT	E NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE ⁻ CALENDAF (JAN.1 - DE	RYEAR
10/6/2003	Judith Elizabeth Gonzalez Compton, CA 90220	Pho	oneBank		\$221.64	\$945.96	,
	compton, c.170220						
10/7/2003	Jose Gonzalez Los Angeles, CA 90037	Voi	ter Contact		\$327.84	\$327.84	
9/30/2003	Melissa Gonzalez	Pho	oneBank		\$346.20	\$648.51	
	Los Angeles, CA 91732						

Expendi	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	L65
(Government C	code Sections 84203.5)	to whole dollars.	from9/21/200	3		TORW	
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page of	327
	Amendment No 000	ment No 000		f applicable: y, Year)		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				O.U.	-01/ ONE
NAME OF CA			OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	-	RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
2 Indone	andent Expenditures Made						
-	endent Expenditures Made A	1			1	CUMULATIVE CALENDAR	
DATE 10/7/2003	NAME AND ADDRE Mirian Raquel Gonzalez		DESCRIPTION OF r Contact	EXPENDITURE	\$316.14	(JAN.1 - DE	C.31)
10/1/2003	Los Angeles, CA 90037	, voc	Contact		φ310.11	ψ310.11	
10/7/2003	Olividio Gonzalez Inglewood, CA 90301	Vote	r Contact		\$23.33	\$351.17	
	inglewood, CA 70301						
						1071.17	
10/7/2003	Olividio Gonzalez Inglewood, CA 90301	Vote	r Contact		\$327.84	\$351.17	

Expenditu i		Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Government Code	Sections 84203.5)	to whole dollars.	from9/21/200	93		TORW	
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>137</u> of	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FIL	LER'S NAME	I	NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
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NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$23.33	\$374.50	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$23.33	\$374.50	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$327.84	\$374.50	

Expend	emental Independent diture Report at Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	•	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>138</u> of	327
	Amendment No 000	Zananama (Explain Belo	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDRESS (NO D.O. DOV)		MAILING ADDR	ESS			
SIREEI	ADDRESS (NO P.O. BOX)						
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OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
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3. Indep	pendent Expenditures Made At	ach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE -	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Susana Gonzalez Los Angeles, CA 90012	Vote	r Contact		\$298.20	\$298.20	
10/7/2003	Xiomara Gonzalez Los Angeles, CA 90006	Vote	r Contact		\$232.72	\$232.72	
9/29/2003	Jack Gribbon San Francisco, CA 94117	Vote	r Contact		\$8.41	\$3,531.20	

E>	upplemen xpenditur overnment Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	46	5
SEE	E INSTRUCTION:	S ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 139	of <u>327</u>	
	Ame	endment No 000	(=	Date of election i (Month, Day	f applicable:		For Official U		,
		Report No CM2		10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)			
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER				
	STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRE	ESS				
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	OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
	Name of Candid	andidate or Measure Supp	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	F APPLICABLE		CHECK C	
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUF	PPORT C	PPOSE
3.	Independe	ent Expenditures Made Atta	ch additional information on appropria	tely labeled continuation	sheets.		CUMULATI)	VE TO DA	ATF
	DATE	NAME AND ADDRESS	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATI CALENI (JAN.1 -	DAR YEA DEC.31)	Ŕ
		Staples Los Angeles, CA 90015	Voter	Contact		\$.00	\$.00		
9/2	7/2003	San Francisco, CA 94117	Voter	Contact		\$1,400.00	\$3,531.20		
9/2	7/2003	San Francisco, CA 94117	Voter	Contact		\$289.81	\$3,531.20		

Expenditu	ental Independent ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	(w) through <u>12/31/20</u>	003		Page <u>140</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
OTDEET ADDE	DEGG (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CANE	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE 10/6/2003	dent Expenditures Made At NAME AND ADDRES San Francisco, CA 94117	SS OF PAYEE	ately labeled continuation DESCRIPTION OF r Contact		AMOUNT \$1,832.98	CUMULATIVE CALENDAF (JAN.1 - DE \$3,531.20	R YEAR
10/7/2003	Israel Grijalva Inglewood, CA 90303	Vote	r Contact		\$23.33	\$355.79	
10/7/2003	Israel Grijalva Inglewood, CA 90303	Vote	r Contact		\$166.23	\$355.79	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC <u>TI</u>	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page _141 of	327
4	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	D500 (NO D O DO)()		MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
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2. Name of NAME OF CAN	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE 7	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Israel Grijalva Inglewood, CA 90303	VOIC	er Contact		\$166.23	\$355.79	
10/7/2003	Emma Guevara Los Angeles, CA 90011	Vote	er Contact		\$288.93	\$288.93	
10/7/2003	Raul Guiterrez Los Angeles, CA 90057	Vote	er Contact		\$323.08	\$323.08	

nental Independent iture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from9/21/2003		CALIFORNIA 465
TIONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/2003		Page 142 of 327
Amendment No 000	- (2.p.a 25.8.)	Date of election if app		For Official Use Only
Report No CM2	-	10/7/2003		
ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If	recipient committee)	
E/FILER'S NAME		NAME OF TREASURE	R	
DDRESS (NO P.O. BOX)		MAILING ADDRESS		
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MA	IL ADDRESS	
of Candidate or Measure Su	pported or Opposed			CHECK ONE
ANDIDATE		OFFICE SOUGHT OR HELD A	ND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
ALLOT MEASURE		BALLOT NO./LETTER JUR	RISDICTION	SUPPORT OPPOSE
	1		1	CUMULATIVE TO DATE CALENDAR YEAR JNT (JAN.1 - DEC.31)
Jose Guitierez Los Angeles, CA 90037			\$166.23	\$166.23
Antonio Guittierez			\$22.22	
Los Angeles, CA 90006	Voter	Contact	\$23.33	\$321.53
	Amendment No Report No Report No CM2 STATE CODE Sections 84203.5) CTIONS ON REVERSE Amendment No Report No CM2 STATE CODESS (NO P.O. BOX) STATE STATE	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No 000 Report No CM2 ILD. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS Of Candidate or Measure Supported or Opposed ANDIDATE Amounts may be rounded to whole dollars. LD. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS Of Candidate or Measure Supported or Opposed ANDIDATE Pendent Expenditures Made Attach additional information on appropria	Amounts may be rounded to whole dollars. Amendment No	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No 000

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page	327
A	mendment No 000	- Line 1 - L	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Sur	pported or Opposed				CUE	CK ONE
NAME OF CANE	•	•	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Dora Guzman Los Angeles, CA 90032		Contact		\$23.33	\$373.78	0.01)
10/7/2003	Dora Guzman Los Angeles, CA 90032	Voter	Contact		\$317.21	\$373.78	
10/7/2003	Dora Guzman Los Angeles, CA 90032	Voter	Contact		\$33.24	\$373.78	

Expendit u	ental Independent ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
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		Amendment (Explain Be	low) through 12/31/20	003		Page of	
A	mendment No 000	_	Date of election (Month, Da			For Official Use	Only
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
OTDEET ADDE	DEGG (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/3/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	vees Local 11 Vot	er Contact		\$787.52	\$3,906.69	
	Ess ringeles, errysorr						
						44.00.00	
10/6/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	vees Local 11 Vot	er Contact		\$515.97	\$3,906.69	
10/6/2003	Hotel Employees and Restaurant Employ Los Angeles, CA 90017	vees Local 11 Vot	er Contact		\$396.00	\$3,906.69	
	200 migues, Cri 70017						

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
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An	nendment No 000	- (Explain Bote	Date of election i	f applicable:		For Official Use 0	
	Type or print in Ink. Amounts may be rounded to whole dollars. Type or print in Ink. Amounts may be rounded to whole dollars. TRUCTIONS ON REVERSE Amendment No 000 Report No CM2 Amendment (Explain Below) Report No CM2 Date of election if applicable: (Month, Day, Year) In/7/2003 TRUCTIONS ON REVERSE Amendment No 000 Report No CM2 Date of election if applicable: (Month, Day, Year) In/7/2003 TRUCTIONS ON REVERSE Amendment No 000 Report No CM2 Date of election if applicable: (Month, Day, Year) In/7/2003 TRUCTIONS ON REVERSE MAILING ADDRESS TRUCTION DAY, Year) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAX:E-MAIL ADDRESS TOTY STATE ZIP CO OPTIONAL: FAX:E-MAIL ADDRESS OPTIONAL: FAX:E-MAIL ADDRESS TOTY STATE ZIP CO OPTIONAL: FAX:E-MAIL ADDRESS OPTIONAL: FAX:E-MAIL ADDRESS OPTIONAL: FAX:E-MAIL ADDRESS OPTIONAL: FAX:E-MAIL ADDRESS TOTY STATE ZIP CO OPTIONAL: FAX:E-MAIL ADDRESS OPTIONAL: FAX:E-						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
•		1	•		l	CUMULATIVE T	O DATE YEAR
DATE 10/6/2003				EXPENDITURE		(JAN.1 - DEC	C.31)
10/0/2003	Los Angeles, CA 90017	voice Excellent 11	Contact		Ψ203.20	ψ3,700.07	
10/7/2003		Vote	r Contact		\$264.58	\$264.58	
9/30/2003	Stephanie Hernandez Los Angeles, CA 90038	Phor	eBank		\$417.55	\$809.23	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Bel	low) through 12/31/20	003		Page <u>146</u> of	327
	Amendment No 000	- Amendment (Explain Bell	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMI	TTEE/FILER'S NAME	l .	NAME OF TREA	SURER			
07055	- 1000500 (NO DO DO)		MAILING ADDR	ESS			
SIREE	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup F CANDIDATE	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made After NAME AND ADDRE Stephanie Hernandez Los Angeles, CA 90038	SS OF PAYEE	riately labeled continuation DESCRIPTION OF oneBank		AMOUNT \$212.23	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2002	Morio Homondos	Vot	on Contact		\$23.33	\$328.23	
10/7/2003	Maria Hernandez Los Angeles, CA 90011	Vot	er Contact		(923.33	φ320.23	
10/7/2003	Maria Hernandez Los Angeles, CA 90011	Vot	er Contact		\$288.28	\$328.23	

Expenditui	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page	327
Am	nendment No 000	- (2.7.1.0.1.2.1.1.0.1.1.1.1.1.1.1.1.1.1.1.1.1	Date of election i	f applicable:		For Official Use 0	
	Amounts may be rounded to whole dollars. Type or print in in. Amounts may be rounded to whole dollars. Tructions on reverse Amendment No 0000 Report No CM2 Amendment (Explain Below) Report No CM2 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TOTIONAL: FAX'E-MAIL ADDRESS TOT						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	- -	1			AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Maria Hernandez			EXPENDITURE		(JAN.1 - DEC	J.31)
	Los Angeles, CA 90011						
10/7/2003		Voter	Contact		\$23.33	\$314.31	
10/7/2003	Ricardo Hernandez Los Angeles, CA 90006	Voter	Contact		\$290.98	\$314.31	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	003		Page <u>148</u> of _	327
An	nendment No 000	-	Date of election i	if applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER TOTAL TAXE-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTI						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAND	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLC	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	-	1	•		AMOUNT	CUMULATIVE 1 CALENDAR	O DATE
10/7/2003	Celida Hernandez			EXI ENDITORE		(JAN.1 - DE \$306.20	0.31)
	Canoga Park, CA 91504						
10/7/2003		Vote	r Contact		\$33.24	\$306.20	
10/7/2003	Felisa Hernandez Cudhay, CA 90201	Vote	r Contact		\$194.48	\$227.72	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>149</u> of _	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	<td></td> <td></td> <td></td>			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Felisa Hernandez Cudhay, CA 90201	Vote	r Contact		\$33.24	\$227.72	
10/7/2003	Fortina Hernandez Los Angeles, CA 90018	Votes	r Contact		\$166.23	\$166.23	
10/7/2003	Oswaldo Arturo Hernandez Long Beach, CA 90813	Votes	r Contact		\$307.75	\$307.75	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page of	327
	Amendment No 000	- CAPITATION (EXPIRATE DOC	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
OTDEET AD	ADDESO (NO DO DOV)		MAILING ADDR	ESS			
SIREELAD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of CA	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE 1	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Walter Hernandez Los Angeles, CA 90057	Vote	er Contact		\$232.72	\$232.72	
10/7/2003	Wendy Hernandez Los Angeles, CA 90020	Vote	er Contact		\$307.75	\$307.75	
10/7/2003	Eduardo Hernandez Los Angeles, CA 90029	Vote	er Contact		\$317.21	\$317.21	

Expendi	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
•	CTIONS ON REVERSE	Amandment (5) D		03		Da va 151	327
	Amendment No 000	Amendment (Explain Belo	through 12/31/20 Date of election i (Month, Date	f applicable:		Page 151 of For Official Use	327 Only
	Report No CM2		10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STDEET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIRLLIA	DDRESS (NO F.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE		ECK ONE ORT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	endent Expenditures Made At NAME AND ADDRES Leticia Hernandez Los Angeles, CA 90042	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$317.21	CUMULATIVE CALENDA (JAN.1 - D) \$317.21	R YEAR
10/7/2003	Rosa Maria Hernandez Los Angeles, CA 90029	Vote	er Contact		\$317.24	\$317.24	
10/7/2003	Iris Hernandez Los Angeles, CA 90026	Vote	er Contact		\$450.04	\$450.04	

Expenditur	e Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	003		Page _152 of _	327
Am	endment No 000	-	Date of election i	f applicable:		For Official Use	
	Amendment No						
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLOT	「 MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
-	-	1	•		AMOUNT	CUMULATIVE T	TO DATE
10/7/2003	Josephina Herrera			EXPENDITURE	\$23.33	(JAN.1 - DE	C.31)
	Los Angeles, CA 90023						
10/7/2003		Votes	r Contact		\$317.21	\$340.54	
10/7/2003	Peter Herrera Montebello, CA 90640	Votes	r Contact		\$23.33	\$314.31	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	(w) through 12/31/20	003		Page 153 of	327
Ar	mendment No 000	-	Date of election	if applicable:		For Official Use	
	Type or print in link. Amounts may be rounded to whole dollars. Amendment No						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	-	1	•		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Peter Herrera					\$314.31	.0.01)
9/30/2003		Phon	eBank		\$426.63	\$955.58	
10/6/2003	Silfa Honorato Long Beach, CA 90813	Phon	eBank		\$217.56	\$955.58	

Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page _154 of _	327
4	Amendment No 000	-	Date of election i	if applicable:		For Official Use 0	
	Type or print in link. Amounts may be rounded to whole dollars. Amendment No						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen		1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003		Voter	Contact		\$229.37	\$229.37	,
10/7/2003		Voter	Contact		\$11.66	\$177.89	
10/7/2003	Manuel Huerta Los Angeles, CA 90022	Voter	Contact		\$166.23	\$177.89	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRI	UCTIONS ON REVERSE	Amendment (Explain Belo	(bw) through <u>12/31/20</u>	03		Page 155 of	327
	Amendment No 000			f applicable: y, Year)		For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDECC (NO D.O. DOV)		MAILING ADDRI	ESS			
SIKEEI	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	e of Candidate or Measure Sup F CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Inde	pendent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	O DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Martha Hurtado Los Angeles, CA 90033	Vote	er Contact		\$11.66	\$196.16	
10/7/2003	Martha Hurtado Los Angeles, CA 90033	Vote	er Contact		\$184.50	\$196.16	
10/7/2003	Anupa Iyer Northridge, CA 91326	Vote	er Contact		\$290.98	\$290.98	

Expendit	ental Independent cure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>156</u> of	327
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADE	DDFCC (NO D O DOV)		MAILING ADDR	ESS			
STREET ADL	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/P	HONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAI	f Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE ORT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indeper	ndent Expenditures Made At	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR
10/7/2003	Maria Izaguirre Los Angeles, CA 90057	Voter	r Contact		\$317.21	\$317.21	
10/7/2003	Angelica Jara Los Angeles, CA 90037	Votes	r Contact		\$290.98	\$290.98	
10/7/2003	Maria Jaramillo Sun Valley, CA 91352	Voter	r Contact		\$323.14	\$323.14	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	FENDITURI
•	TIONS ON REVERSE						
		Amendment (Explain Belo	through <u>12/31/20</u>	003			327
	Amendment No 000	-	Date of election (Month, Da			For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of CA	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	endent Expenditures Made At	1			l mount	CUMULATIVE CALENDAF	RYEAR
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE	:C.31)
	Los Angeles, CA 90061						
10/7/2003	Rosa Jaramillo Los Angeles, CA 90061	Vote	er Contact		\$317.21	\$340.54	
10/7/2003	Concepcion Jimenez Inglewood, CA 90304	Vote	er Contact		\$259.02	\$259.02	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page _158 of _	327
Ar	mendment No 000	- Line 1 - L	Date of election	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	-	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Librado Jimenez Los Angeles, CA 90006					· ·	0.01)
10/7/2003	Marco Jimenez Los Angeles, CA 90006	Voter	Contact		\$23.33	\$150.76	
10/7/2003	Marco Jimenez Los Angeles, CA 90006	Voter	Contact		\$127.43	\$150.76	

Expendit u	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
•	,						
	Maria Jimenez Los Angeles, CA 90011	Amendment (Explain Belo					327 Only
A	menament No	-	Date of election i (Month, Da			For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	<u>-</u>	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made At	tach additional information on appropr	iately labeled continuation	n sheets.		CUMULATIVE :	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003		Vote	er Contact		\$307.75	\$307.75	
9/30/2003		Phoi	neBank		\$435.72	\$977.42	
10/6/2003	Rosalinda Jimenez Compton, CA 90221	Phoi	neBank		\$221.64	\$977.42	

Supplement Expenditure (Government Code Se		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIONS	ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	003		Page <u>160</u> of _	327
Ame	ndment No 000		Date of election if applicable: (Month, Day, Year)			For Official Use 0	
	Report No CM2		10/7/2003				
1. Committee	/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	3		
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE		T OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on appropr	 iately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Silvia Jimenez Los Angeles, CA 90029	Vote	er Contact		\$441.65	\$441.65	
10/7/2003	Dalio Juarez North Hollywood, CA 91600	Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Dalio Juarez North Hollywood, CA 91600	Vote	er Contact		\$307.75	\$331.08	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page 161 of	327
A	mendment No $\frac{000}{}$	—	Date of election	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Form 9/21/2003					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Maritza Juarez			LAFENDITORE		(JAN.1 - DE \$331.08	(0.31)
	Pasadena, CA 91104						
10/7/2003	Maritza Juarez Pasadena, CA 91104	Voter	Contact		\$307.75	\$331.08	
9/27/2003	Anne Kamsvaag Los Avenue, CA 90034	Voter	Contact		\$120.00	\$1,320.00	

	mental Independent liture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	S S
	Code Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	·UJ
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page _162 of _	327
	Amendment No 000	-	Date of election if applicable: (Month, Day, Year)			For Official Use (Only
	Report No CM2	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2 Namo	of Candidate or Measure Su	nnorted or Opposed					
	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CK ONE T OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Anne Kamsvaag Los Avenue, CA 90034	Vote	er Contact		\$1,200.00	\$1,320.00	
9/30/2003	Ernesto Landeros Sun Valley, CA 91352	Phor	neBank		\$490.68	\$1,071.20	
10/6/2003	Ernesto Landeros Sun Valley, CA 91352	Phor	neBank		\$237.78	\$1,071.20	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	•	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4 FORM	65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page <u>163</u> of <u>3</u>	27
Am	endment No 000	(Explain 25.	Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHC	NE
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2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Ernesto Landeros Sun Valley, CA 91352	Vot	er Contact		\$23.20	\$1,071.20	
10/7/2003	Blanca Lara Los Angeles, CA 90029	Vot	er Contact		\$23.33	\$340.54	
10/7/2003	Blanca Lara Los Angeles, CA 90029	Vot	er Contact		\$317.21	\$340.54	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	(w) through 12/31/20	03		Page 164 of	327
Aı	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9/21/2003 1/12/2003 1/12/2003 1/12/2003 Page 164					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sur	pported or Opposed				CUI	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAR	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
9/30/2003	Sonia Lara Los Angeles, CA 90034	Phon	eBank		\$444.80	\$993.00	
10/6/2003	Sonia Lara Los Angeles, CA 90034	Phon	eBank		\$221.64	\$993.00	
10/6/2003	Laundry Workes Local 52 Los Angeles, CA 90006	Vote	r Contact		\$360.00	\$360.00	

nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	65
TIONS ON REVERSE	Amendment (Explain Below	through 12/31/200	3		Page 165 of 3	327
Amendment No 000		Date of election if	applicable:		For Official Use C	
Report No CM2	_	Page 1 Report covers period from 9/21/2003 Page 1/12/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE A OPTIONAL: FAX/E-MAIL ADDRESS POSED OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION attion on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT Voter Contact \$23.33 \$481.6				
ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commi	ittee)		
E/FILER'S NAME		NAME OF TREAS	URER			
DRESS (NO P.O. BOX)		MAILING ADDRES	SS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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f Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NDIDATE		OFFICE SOUGHT OR HEL	LD AND DISTRICT, IF	APPLICABLE	SUPPOR	T OPPOSE
LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
-	1			AMOUNT	CUMULATIVE TO CALENDAR	O DATE YEAR
Rene Ledesma Bell Gardens, CA 90201					\$481.06	7.51)
Rene Ledesma Bell Gardens, CA 90201	Voter	Contact		\$457.73	\$481.06	
	CIURE Report Index Sections 84203.5) Index Sections 84203.5 Index S	Amendment No 000 Report No CM2 Ittee/Filer Information STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS ICON Measure Supported or Opposed NDIDATE INDICATE NAME NAME AND ADDRESS OF PAYEE Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma Rene Ledesma No 000 Amendment (Explain Below Amendment (Explain Below Amounts may be rounded to whole dollars. Amendment (Explain Below Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. from 9/21/2003	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Trough 12/31/2003 Date of election if applicable: (Month, Day, Year) 107/2003 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TOTIONAL: FAX/E-MAIL ADDRESS TOTIONAL: FAX/E-M	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Amendment No

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 166 of 327	
A	mendment No 000	—	Date of election	if applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003 Page 166					
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	_	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Boris Leiva Los Angeles, CA 90044	Voter	r Contact			-	
10/7/2003	Boris Leiva Los Angeles, CA 90044	Voter	r Contact		\$298.20	\$321.53	
10/7/2003	Dora Lemus Los Angeles, CA 90006	Voter	r Contact		\$299.37	\$299.37	

Supplemen Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	through <u>12/31/2003</u>			Page 167 of 327	
Ame	endment No 000		Date of election i	f applicable:		For Official Use 0	
	Report No CM2		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient cor	mmittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
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NAME OF CANDID	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE		T OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	tach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Roberto Leyva Monterey Park, CA 91754	Votes	r Contact		\$23.33	\$351.17	
10/7/2003	Roberto Leyva Monterey Park, CA 91754	Votes	r Contact		\$327.84	\$351.17	
10/7/2003	Jose Limas Los Angeles, CA 90011	Voter	r Contact		\$23.33	\$340.54	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through 12/31/2003			Page 168 of 327	
A	amendment No 000	- (Explain 5010)	Date of election i	f applicable:		For Official Use	
	Report No CM2	Amounts may be rounded to whole dollars. Amendment (Explain Below) through 12/31/2003 through 12/31/2003					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		- Philippin	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		CK ONE OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen DATE 10/7/2003	-	ESS OF PAYEE	DESCRIPTION OF			CUMULATIVE T CALENDAR (JAN.1 - DE)	O DATE YEAR C.31)
10/1/2003	Los Angeles, CA 90011	Votei	Contact		Ψ.11.21	ψυτυ.υτ	
10/7/2003	Alfonso Lopez Los Angeles, CA 90006	Voter	Contact		\$272.96	\$272.96	
10/7/2003	Arnoldo Lopez Los Angeles, CA 90037	Voter	Contact		\$327.84	\$327.84	

Supplementa Expenditure I Government Code Secti		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTAL Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIONS OF	N REVERSE	Amendment (Explain Be	low) through 12/31/20	03		Page <u>169</u> of <u>3</u>	27
Amend	dment No 000		Date of election i (Month, Day	f applicable:	•	For Official Use C	
R	Report No CM2		10/7/2003				
1. Committee/F	Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	mittee)		
COMMITTEE/FILER'S	SNAME		NAME OF TREA	SURER			
STREET ADDRESS (N	NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	NE
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2. Name of Can	ididate or Measure Supp	orted or Opposed				CHEC	K ONE
NAME OF CANDIDATE	<u> </u>		OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE		OPPOSE
NAME OF BALLOT ME	EASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independent	t Expenditures Made Attac	ch additional information on approp	riately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/7/2003 Da Lo	alia Lopez os Angeles, CA 90034	Vot	er Contact		\$230.67	\$230.67	
10/7/2003 Do							
	ora Lopez os Angeles, CA 90001	Vot	ter Contact		\$23.33	\$339.47	

Expendit	ental Independent ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
Government Co	de Sections 84203.5)	to whole dollars.	from9/21/200)3		TORM	
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADI	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PI	HONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	pported or Opposed				СН	ECK ONE
NAME OF CA	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indeper	ndent Expenditures Made At	tach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAI (JAN.1 - DE	
9/30/2003	German Castanon Lopez Los Angeles, CA 90037	Pho	neBank		\$461.10	\$1,013.20	
10/6/2003	German Castanon Lopez	Dho	neBank		\$221.64	\$1,013.20	
10/0/2003	Los Angeles, CA 90037	FIIO	певанк		\$221.04	\$1,013.20	
10/7/2003	Jorge Lopez Reseda, CA 91335	Vote	er Contact		\$307.75	\$307.75	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>171</u> of	327
A	mendment No 000	- (2.p.a 25.0.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Luisa Lopez Los Angeles, CA 90028	Voter	Contact		\$332.46	\$332.46	,
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$23.33	\$350.00	
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$293.43	\$350.00	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>172</u> of	327
A	mendment No 000	—	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$33.24	\$350.00	
10/7/2003	Maria Lopez Hawthorne, CA 90250	Voter	Contact		\$290.98	\$290.98	
10/7/2003	Pablo Lopez Los Angeles, CA 90044	Voter	Contact		\$23.33	\$322.70	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURE
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page _173 of	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CH	ECK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	OPPOSE
	ependent Expenditures Made A	1	•		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
DAT 10/7/2003	Pablo Lopez		DESCRIPTION OF r Contact	EXPENDITURE	\$299.37	(JAN.1 - DI	EC.31)
	Los Angeles, CA 90044						
9/30/2003	Rodrigo Lopez Los Angeles, CA 90019	Phon	eBank		\$263.88	\$849.34	
10/6/2003	Rodrigo Lopez Los Angeles, CA 90019	Phon	eBank		\$204.40	\$849.34	

Supplemen Expenditure Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4	65
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>174</u> of <u>3</u>	327
Ame	endment No 000	-	Date of election i	f applicable:		For Official Use C	
	Report No CM2	-	10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient cor	nmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	PE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS	3		
2. Name of Ca	andidate or Measure Sup	pported or Opposed				CHEC	CK ONE
NAME OF CANDID	ATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	Γ, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independe	ent Expenditures Made At	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR ` (JAN.1 - DEC	
10/7/2003	Rodrigo Lopez Los Angeles, CA 90019	Voter	·Contact		\$381.06	\$849.34	
10/7/2003	Rosa Lopez Los Angeles, CA 90047	Voter	Contact		\$23.33	\$322.70	
10/7/2003	Rosa Lopez		Contact		\$299.37	\$322.70	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 175 of	327
A	mendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CANE		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - DI	TO DATE R YEAR FC 31)
10/7/2003	Yolanda Lopez Los Angeles, CA 90020	Voter	Contact		\$307.75	\$307.75	
10/7/2003	Noe Lozano Los Angeles, CA 90057	Voter	Contact		\$23.33	\$189.56	
10/7/2003	Noe Lozano Los Angeles, CA 90057	Voter	Contact		\$166.23	\$189.56	

	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	de Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	\mathbf{U}
SEE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>176</u> of	327
,	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADD	PRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	ported or Opposed					CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made At	ach additional information on appropri	 iately labeled continuation	sheets.		CUMULATIVE -	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Angelina Lucero Los Angeles, CA 90006	Phor	neBank		\$435.59	\$963.20	
10/6/2003	Angelina Lucero	Phor	neBank		\$215.57	\$963.20	
	Los Angeles, CA 90006						
9/30/2003	Lorena Luna Los Angeles, CA 90016	Phor	neBank		\$435.59	\$986.53	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4 FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>177</u> of <u>3</u>	27
Am	endment No 000		Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHC	NE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/6/2003	Lorena Luna Los Angeles, CA 90016	Phor	neBank		\$215.57	\$986.53	
10/7/2003	Lorena Luna Los Angeles, CA 90016	Vote	er Contact		\$23.33	\$986.53	
10/7/2003	Maria Luna Huntington Park, CA 90255	Vote	er Contact		\$23.33	\$339.47	

	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from9/21/2003	Date Stamp 1/12/2003	CALIFORNIA FORM	65
TIONS ON REVERSE	Amendment (Explain Belo	w) through 12/31/2003		Page 178 of 32	:7
Amendment No 000	-		e:		
Report No CM2	_	10/7/2003	_		
ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipie	ent committee)		
E/FILER'S NAME		NAME OF TREASURER			
DRESS (NO P.O. BOX)		MAILING ADDRESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHON	ΙE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADI	DRESS		
of Candidate or Measure Su	pported or Opposed			CHECK	CONE
ANDIDATE		OFFICE SOUGHT OR HELD AND DIS	STRICT, IF APPLICABLE		
ALLOT MEASURE		BALLOT NO./LETTER JURISDIC	TION	SUPPORT	OPPOSE
-			IDE AMOUNT	CUMULATIVE TO CALENDAR Y	DATE EAR
Maria Luna			\$316.14	\$339.47	51)
Tunington Fack, CA 70255					
Maria Magallon Bell, CA 90201	Phon	eBank	\$417.55	\$932.09	
1					
	7.10.1				
1 C I	ture Report ode Sections 84203.5) TIONS ON REVERSE Amendment No Report No CM2 ittee/Filer Information E/FILER'S NAME DDRESS (NO P.O. BOX) STATE FAX/E-MAIL ADDRESS Of Candidate or Measure Sulandidate ANDIDATE ALLOT MEASURE Maria Luna Huntington Park, CA 90255	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No 000 Report No CM2 ILD. NUMBER (if recipient committee) PARCENSIANAME DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS Of Candidate or Measure Supported or Opposed ANDIDATE Amounts may be rounded to whole dollars. Amendment (Explain Below LD. NUMBER (if recipient committee) AREA CODE/PHONE FAX/E-MAIL ADDRESS Of Candidate or Measure Supported or Opposed ANDIDATE NAME AND ADDRESS OF PAYEE Maria Luna Huntington Park, CA 90255 Maria Magallon Phon	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No 0000	Amendment No 000

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>179</u> of	327
	Amendment No 000	-	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
	pendent Expenditures Made A				1	CUMULATIVE 1 CALENDAR	TO DATE
9/30/2003	E NAME AND ADDRE Rosa Maldonado		DESCRIPTION OF eBank	EXPENDITURE	\$435.72	(JAN.1 - DE \$977.42	C.31)
	Los Angeles, CA 90058						
10/6/2003	Rosa Maldonado Los Angeles, CA 90058	Phone	eBank		\$221.64	\$977.42	
10/7/2003	Alma Mancia Los Angeles, CA 90037	Votei	r Contact		\$316.14	\$316.14	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page _180 of _	327
A	mendment No 000	_	Date of election if (Month, Day	applicable:		For Official Use (
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE(O DATE YEAR
10/7/2003	Cristina Marcial Los Angeles, CA 90057		Contact	-	\$323.14	\$323.14	5.01)
10/7/2003	Blanca Marin Los Angeles, CA 90057	Voter	Contact		\$212.23	\$212.23	
10/7/2003	Eva Mariscal		Contact		\$332.46	\$332.46	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page <u>181</u> of	327
	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No						
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	_	ĺ			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003		Voter	Contact		\$310.29	\$310.29	,
10/7/2003	Nathan Marquez Norwalk, CA 90650	Voter	Contact		\$23.33	\$355.79	
10/7/2003	Nathan Marquez Norwalk, CA 90650	Voter	Contact		\$332.46	\$355.79	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	•	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page <u>182</u> of	327
An	nendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE	1	CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
DATE 9/30/2003	Pent Expenditures Made At NAME AND ADDRESS Victoria Marquez Los Angeles, CA 90019	SS OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		AMOUNT \$435.59	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Victoria Marquez Los Angeles, CA 90019	Pho	neBank		\$215.57	\$963.20	
10/7/2003	Yesica Marquez Los Angeles, CA 90020	Vote	er Contact		\$184.50	\$184.50	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belo	(w) through 12/31/20	003		Page	327
4	Amendment No 000	-	Date of election	if applicable:		For Official Use	
	Amendment No OOO Date of election if applicable: (Month, Day, Year) 10/7/2003 Demmittee/Filer Information I.D. NUMBER (if recipient committee) MITTEE/FILER'S NAME Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE						
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Su	pported or Opposed				CUE	CK ONE
		Photographic and the state of t	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indeper	ndent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Osvaldo Marrone Santa Ana, CA 92701	Votes	r Contact		\$184.50	\$184.50	
9/30/2003	Rafael Marroquin Los Angeles, CA 90005	Phon	eBank		\$426.50	\$941.11	
10/6/2003	Rafael Marroquin Los Angeles, CA 90005	Phon	eBank		\$209.07	\$941.11	

Expend	mental Independent diture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	ICTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>184</u> of	327
	Amendment No 000		Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTD 557	100000000000000000000000000000000000000		MAILING ADDRI	ESS			
SIREEL	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	pendent Expenditures Made At	ach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE -	
DATE			DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Angelica Martinez Montebello, CA 90640	Vote	r Contact		\$194.48	\$194.48	
10/7/2003	Carlos Martinez Los Angeles, CA 90023	Vote	r Contact		\$323.08	\$323.08	
9/30/2003	Flor Martinez Rosemead, CA 91770	Phon	neBank		\$408.46	\$1,202.03	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page _185 of _	327
A	amendment No 000	— (Explain 5515)	Date of election	if applicable:		For Official Use	
	Interior Code Sections 84203.5) STRUCTIONS ON REVERSE Amendment No 000						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF			CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/6/2003		Phone	eBank		\$204.40	\$1,202.03	
10/7/2003	Juan Martinez Los Angeles, CA 90059	Voter	Contact		\$23.33	\$340.54	
10/7/2003	Juan Martinez Los Angeles, CA 90059	Voter	Contact		\$317.21	\$340.54	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page of	327
A	mendment No 000	- (z.p.a.ii 23.8.	Date of election	if applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				CHE	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	-	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003		Voter	Contact			\$310.29	
10/7/2003	Mariana Martinez Los Angeles, CA 90057	Voter	Contact		\$156.53	\$156.53	
10/7/2003	Patricia Martinez Los Angeles, CA 90023	Voter	· Contact		\$23.33	\$333.62	

Expendi		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	y) through 12/31/20	003		Page _187 of	327
	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Type or print in ink. Amounts may be to rounded to whole dollars. RECTIONS ON REVERSE Amendment No 0000 Report No CM2 Amendment No 0000 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, Day, Year) 1/1/2/2003 Date of election if applicable: (Month, D						
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name c	of Candidate or Measure Su	pported or Opposed				CUE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF			CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR (C.31)
10/7/2003		Votel	Contact		φ310.29	9333.02	
10/7/2003	Rosaura Martinez Hawthorne, CA 90250	Voter	Contact		\$307.75	\$307.75	
10/7/2003	Rosa Martinez Los Angeles, CA 90026	Voter	Contact		\$327.84	\$327.84	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	(a) through 12/31/20	003		Page of	327
An	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Tructions on Reverse Amendment No 000 Date of election if applicable: (Month, Day, Year) Date of election if applicable: (Month, Day,						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME	· · ·	NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
 2. Name of (Candidate or Measure Sur	ported or Opposed				CUI	CK ONE
			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAR	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	C.31)
10/7/2003		Vote	er Contact		\$317.21	\$317.21	
9/30/2003	Walter Martinez Los Angeles, CA 90038	Phon	neBank		\$454.60	\$676.24	
10/6/2003	Walter Martinez Los Angeles, CA 90038	Phon	neBank		\$221.64	\$676.24	

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- L65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>189</u> of	327
	Amendment No 000		Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDECC (NO D.O. DOV)	_	MAILING ADDR	ESS			
SIREELA	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONA	IL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE PRT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made At	1	iately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA	R YEAR
10/7/2003	Blanca Mayorga		er Contact	LXI LINDITORE	\$161.84	(JAN.1 - DE	:0.31)
	Los Angeles, ČA 90057						
10/7/2003	Carmen Mayorga Los Angeles, CA 90004	Vote	er Contact		\$307.75	\$307.75	
10/7/2003	Vilma Mayorga Inglewood, CA 90301	Vote	er Contact		\$307.75	\$307.75	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	(w) through 12/31/20	003		Page <u>190</u> of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No						
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Inde		1			AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Lourdes Mayorquin			LXI ENDITORE		(JAN.1 - DE) \$339.47	J.31)
10/7/2003	Lourdes Mayorquin Los Angeles, CA 90044	Vote	r Contact		\$316.14	\$339.47	
10/7/2003	Rosa Meda Southgate, CA 90280	Vote	r Contact		\$310.29	\$310.29	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 1/12/2003	CALIFORNIA FORM		
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page _191	of <u>327</u>	
Aı	mendment No 000		Date of election i	f applicable:		For Official U		
	Report No CM2		10/7/2003					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)			
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER				
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA CODE	E/PHONE	
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS				
2. Name of (ported or Opposed					CHECK OF	MF
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		PPORT OP	
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SU	PPORT OP	POSE
3. Independ	dent Expenditures Made Att	1	ately labeled continuation DESCRIPTION OF		AMOUNT		VE TO DA ^T DAR YEAR - DEC.31)	TE
9/30/2003	Jose Medina South Gate, CA 90280	Phon	eBank		\$369.55	\$771.73		
10/6/2003	Jose Medina South Gate, CA 90280	Phon	eBank		\$217.56	\$771.73		
10/6/2003	Nidia Medina Los Angeles, CA 90059	Phon	eBank		\$263.88	\$263.88		

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>192</u> of	327
	Amendment No 000	- Land Control of Cont	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDECC (NO D.O. DOV)	_	MAILING ADDR	ESS			
SIREEL	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE		ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep DATE 10/7/2003	Pendent Expenditures Made At NAME AND ADDRESS Ana Medrano Los Angeles, CA 90019	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$327.84	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Pilar Medrano Los Angeles, CA 90047	Vote	er Contact		\$11.66	\$244.38	
10/7/2003	Pilar Medrano Los Angeles, CA 90047	Vote	er Contact		\$199.48	\$244.38	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>193</u> of <u>3</u>	327
Am	endment No 000		Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
CTDEET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREEI ADDRES	55 (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independo DATE 10/7/2003	ent Expenditures Made Attended	S OF PAYEE	ately labeled continuation DESCRIPTION OF r Contact		\$33.24	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Eva Mejia Los Angeles, CA 90058	Votes	r Contact		\$199.48	\$398.96	
10/7/2003	Eva Mejia Los Angeles, CA 90058	Votes	r Contact		\$99.74	\$398.96	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
Aı	mendment No 000	- (z.p.a.ii 23.8.	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Eva Mejia Los Angeles, CA 90058		Contact		\$99.74	\$398.96	.0.01)
10/7/2003	Jose Tomas Mejia Los Angeles, CA 90065	Voter	· Contact		\$23.33	\$331.08	
10/7/2003	Jose Tomas Mejia Los Angeles, CA 90065	Voter	Contact		\$307.75	\$331.08	

	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from9/21/2003	Date Stamp 1/12/2003	CALIFORNIA FORM	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	(N) through <u>12/31/2003</u>		Page 195 of 327	
A	Amendment No 000	-	Date of election if applicabl (Month, Day, Year)	e:	For Official Use Only	=
	Report No CM2	-	10/7/2003	-		
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipie	ent committee)		
COMMITTEE/	FILER'S NAME		NAME OF TREASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADI	DRESS		
2. Name of	Candidata as Magazza Co					
	Candidate or Measure Su	pported or Opposed			CHECK ONE	Ξ
NAME OF CAN		pported or Opposed	OFFICE SOUGHT OR HELD AND DIS	STRICT, IF APPLICABLE	CHECK ONE SUPPORT OPPO	
		pported or Opposed	OFFICE SOUGHT OR HELD AND DIS			OSE
NAME OF BALI	LOT MEASURE Ident Expenditures Made A	ttach additional information on appropria	BALLOT NO./LETTER JURISDIC	TION	SUPPORT OPPO SUPPORT OPPO CUMULATIVE TO DATE CALENDAR YEAR	OSE
NAME OF BALI	LOT MEASURE Ident Expenditures Made A NAME AND ADDRE	ttach additional information on appropria	BALLOT NO./LETTER JURISDIC	TION	SUPPORT OPPO	OSE
NAME OF BALI 3. Indepen DATE	LOT MEASURE Ident Expenditures Made A NAME AND ADDRE	ttach additional information on appropria	BALLOT NO./LETTER JURISDIC ately labeled continuation sheets. DESCRIPTION OF EXPENDITU	TION RE AMOUNT	SUPPORT OPPO SUPPORT OPPO CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)	OSE
NAME OF BALI 3. Indepen DATE	LOT MEASURE Ident Expenditures Made A NAME AND ADDRE	ttach additional information on appropria SS OF PAYEE Voter	BALLOT NO./LETTER JURISDIC ately labeled continuation sheets. DESCRIPTION OF EXPENDITU	TION RE AMOUNT	SUPPORT OPPO SUPPORT OPPO CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)	OSE

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>196</u> of	327
A	Amendment No 000	- Land Control of Cont	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADDI	DECC (NO D.O. DOV)	_	MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen DATE 10/7/2003	dent Expenditures Made At NAME AND ADDRES Israel Melendez	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$310.29	CUMULATIVE CALENDAF (JAN.1 - DE	YEAR
	Los Angeles, CA 90005						
10/7/2003	Dolores Mena Los Angeles, CA 90004	Vote	er Contact		\$23.33	\$314.31	
10/7/2003	Dolores Mena Los Angeles, CA 90004	Vote	er Contact		\$290.98	\$314.31	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	XX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR CC.31)
10/7/2003	Zoila Mencos Los Angeles, CA 90057	Voter	·Contact		\$23.33	\$172.76	·
10/7/2003	Zoila Mencos Los Angeles, CA 90057	Voter	Contact		\$149.43	\$172.76	
10/7/2003	Ana Mendez Los Angeles, CA 90005	Voter	Contact		\$294.74	\$294.74	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	mendment No 000	—	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR CC.31)
10/7/2003	Cesar Mendez Los Angeles, CA 90011	Voter	Contact		\$23.33	\$254.00	,
10/7/2003	Cesar Mendez Los Angeles, CA 90011	Voter	Contact		\$230.67	\$254.00	
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Voter	Contact		\$23.33	\$355.78	

	mental Independent liture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	·UJ
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>199</u> of	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT L	E ADDI ICARI E		CK ONE
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NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Vote	r Contact		\$299.21	\$355.78	
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Vote	r Contact		\$33.24	\$355.78	
10/7/2003	Armando Mendiola Hawthorne, CA 90250	Vote	r Contact		\$23.33	\$340.54	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 200 of _	327
Am	nendment No 000	-	Date of election i	if applicable:		For Official Use (
	Report No CM2	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Armando Mendiola Hawthorne, CA 90250		r Contact		\$317.21	\$340.54	<i>5.</i> 51)
10/7/2003	Ismael Mendiola Hawthorne, CA 90250	Vote	r Contact		\$23.33	\$322.70	
10/7/2003	Ismael Mendiola Hawthorne, CA 90250	Vote	r Contact		\$299.37	\$322.70	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>201</u> of	327
Ar	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Jose Mendoza		er Contact	EXPENDITORE	\$288.28	(JAN.1 - DE	:(0.31)
	Los Angeles, CA 90019						
10/7/2003	Jose Mendoza Los Angeles, CA 90019	Vote	er Contact		\$33.24	\$321.52	
10/7/2003	Josepfa Mendoza Los Angeles, CA 90044	Vote	er Contact		\$317.21	\$317.21	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 202 of _	327
Am	nendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	ent Expenditures Made At	1	tely labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Maria Teresa Mendoza Lancaster, CA 93535		Contact	•	\$23.33	\$289.30	5.01)
10/7/2003	Maria Teresa Mendoza Lancaster, CA 93535	Voter	Contact		\$265.97	\$289.30	
10/7/2003	Sarah Mendoza Los Angeles, CA 90022	Voter	Contact		\$290.98	\$290.98	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 203 of	327
A	mendment No 000	—	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Victor Mendoza Los Angeles, CA 90004	Voter	Contact		\$23.33	\$351.17	·
10/7/2003	Victor Mendoza Los Angeles, CA 90004	Voter	Contact		\$327.84	\$351.17	
10/7/2003	Ofelia Meneses Los Angeles, CA 90002	Voter	Contact		\$23.33	\$344.85	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>204</u> of	327
Aı	mendment No 000	- (ZAPIGIII 25.0.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name of	Candidate or Measure Sup	oported or Opposed				CHI	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Ofelia Meneses Los Angeles, CA 90002		r Contact		\$288.28	\$344.85	.0.01)
10/7/2003	Ofelia Meneses Los Angeles, CA 90002	Voter	r Contact		\$33.24	\$344.85	
9/30/2003	Belkys Carolina Menjivar Los Angeles, CA 90018	Phone	eBank		\$444.80	\$956.06	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	•	SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTR	Name of Candidate or Measure Suname of Candidate or Measure Suname of Candidate NAME OF CANDIDATE NAME OF BALLOT MEASURE Independent Expenditures Made A DATE NAME AND ADDRI 72003 Belkys Carolina Menjivar Los Angeles, CA 90018	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>205</u> of	327
	Amendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CH	ECK ONE
			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
		1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA	R YEAR
10/6/2003	Belkys Carolina Menjivar		neBank	EXPENDITURE	\$184.70	(JAN.1 - DI \$956.06	=C.31)
	Los Angeles, CA 90018						
10/7/2003	Cecilia Menjivar Panorama City, CA 91402	Votes	r Contact		\$11.66	\$111.40	
10/7/2003	Cecilia Menjivar Panorama City, CA 91402	Votes	r Contact		\$99.74	\$111.40	

Exper		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTE		Amendment (Explain Belo	through 12/31/20	through <u>12/31/2003</u>		Page <u>206</u> of	Page 206 of 327
	Amendment No 000	- Americanient (Explain Beix	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMM	IITTEE/FILER'S NAME		NAME OF TREA	SURER			
OTDE	TT ADDDESS (NO D.O. DOV)	_	MAILING ADDR	ESS			
SIKEE	ET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
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	•	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
NAME (DF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	-	SS OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		AMOUNT \$295.52	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Edwin Miguel	Vot	on Contact		\$132.98	\$132.98	
10/ // 2003	Los Angeles, CA 90033	VOICE	er Contact		\$132.70	\$132.70	
9/30/2003	Victor Mondragon Long Beach, CA 90813	Phoi	neBank		\$467.39	\$1,021.49	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	Name of Candidate or Measure Stame of Candidate or Measure Stame of Candidate AME OF CANDIDATE AME OF BALLOT MEASURE Independent Expenditures Made DATE NAME AND ADDRE 2003 Victor Mondragon Long Beach, CA 90813	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>207</u> of _	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
		1	•		1	CUMULATIVE T CALENDAR	O DATE
10/6/2003			DESCRIPTION OF eBank	EXPENDITURE	\$221.64	(JAN.1 - DE	C.31)
	Long Beach, CA 90813						
9/30/2003	Blanca Monroy Los Angeles, CA 90006	Phon	eBank		\$445.03	\$851.37	
10/6/2003	Blanca Monroy Los Angeles, CA 90006	Phon	eBank		\$221.64	\$851.37	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM 4	-၀၁
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>208</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	FLD AND DISTRICT	F APPI ICABI F		CK ONE
	<i>-</i>						
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Enrique Montano Los Angeles, CA 90015	Vote	r Contact		\$303.44	\$303.44	
10/7/2003	Josue Montano Los Angeles, CA 90015	Vote	er Contact		\$323.08	\$323.08	
10/7/2003	Maria de la Luz Montelongo Compton, CA 90222	Vote	r Contact		\$23.33	\$331.08	

	ntal Independent	Type or print in ink.	Report covers peri	od Date Stamp		DEPENDENT EX	ACC
Expenditu Government Code	Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/2003	1/12/2003	OA.	FORM	465
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Be	elow) through <u>12/31/2003</u>		Pag	je <u>209</u> o	f 327
Aı	nendment No 000		Date of election if appl (Month, Day, Yea			For Official Us	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasurer (If r	ecipient committee)			
COMMITTEE/FI	LER'S NAME		NAME OF TREASURE	२			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY	STA	ATE ZIP CODE	AREA CODE/I	PHONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX/E-MA	IL ADDRESS			
2 Name of	Candidata ar Magaura Sur	marted or Opposed					
NAME OF CAND	Candidate or Measure Sup	phorted or Opposed	OFFICE SOUGHT OR HELD AN	ID DISTRICT. IF APPLICABLE		1	HECK ONE
NAME OF BALLO							0
	DT MEASURE		BALLOT NO./LETTER JUR	ISDICTION		SUPF	ORT OPPOSE
						SUPF	
	DT MEASURE Jent Expenditures Made At	tach additional information on approp				CUMULATIV	ORT OPPOSE
3. Independ	lent Expenditures Made At	SS OF PAYEE	oriately labeled continuation shee	ts. IDITURE	AMOUNT	CUMULATIV CALEND (JAN.1 - I	OPPOSE E TO DATE AR YEAR
3. Independ	lent Expenditures Made At	SS OF PAYEE	oriately labeled continuation shee	ts.		CUMULATIV CALEND,	OPPOSE E TO DATE AR YEAR
3. Independ	lent Expenditures Made At NAME AND ADDRE Maria de la Luz Montelongo	SS OF PAYEE Vo	oriately labeled continuation shee	ts. IDITURE	\$3	CUMULATIV CALEND (JAN.1 - I	OPPOSE E TO DATE AR YEAR

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	Los Angeles, CA 90023 //2003 Jose Pedro Morales	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 210 of _	327
A	mendment No 000	- (2.4p.cm. 2333)	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME	·	NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
-		1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Jose Pedro Morales		Contact		\$23.33	\$374.50	0.01)
10/7/2003	Jose Pedro Morales Los Angeles, CA 90023	Voter	Contact		\$327.84	\$374.50	
10/7/2003	Jose Morales Maywood, CA 90270	Voter	Contact		\$307.75	\$307.75	

Expenditui	re Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	DPTIONAL: FAX/E-MAIL ADDRESS Jame of Candidate or Measure S AME OF CANDIDATE AME OF BALLOT MEASURE DATE DATE NAME AND ADD Luis Morales Los Angeles, CA 90006 Luis Morales Luis Morales	Amendment (Explain Below	through <u>12/31/20</u>	003		Page 211 of	327
Am	nendment No 000	- (<u>Explain 50</u> 100)	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sur	pported or Opposed				CHE	CK ONE
	<u> </u>		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	-	1	tely labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Luis Morales		Contact		\$23.33	\$351.17	<u></u>
10/7/2003	Luis Morales Los Angeles, CA 90006	Voter	Contact		\$327.84	\$351.17	
10/7/2003	Maria Rosario Morales Whittier, CA 90606	Voter	Contact		\$23.33	\$339.47	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE	003		Page 212 of	327			
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	_	1			AMOUNT	CUMULATIVE CALENDAR	TO DATE
	Maria Rosario Morales			EXI ENDITORE	\$316.14	(JAN.1 - DE	:0.31)
	wnittier, CA 90606						
10/7/2003		Voter	r Contact		\$316.14	\$316.14	
9/30/2003	Natalie Morales Paramount, CA 90723	Phone	eBank		\$408.46	\$875.27	

Expendit	Natalie Morales Paramount, CA 90723 O/7/2003 Oscar Morales	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUC <u>TI</u>		Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>213</u> of	327
A	Amendment No 000	Ameriument (Explain Belo	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	SURER			
070557.400	DE00 (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	•	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	NAME AND ADDRES Natalie Morales	SS OF PAYEE	ately labeled continuation DESCRIPTION OF DEBank		AMOUNT \$173.59	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Oscar Morales	Vote	r Contact		\$332.46	\$332.46	
10/1/2003	Los Angeles, CA 90028	Voice	Conditi		Ψ332.Τ0	ψ332.το	
10/7/2003	Silma Morales Inglewood, CA 90304	Vote	r Contact		\$316.14	\$316.14	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	(a) through 12/31/20	through <u>12/31/2003</u>		Page <u>214</u> of _	327
Am	endment No 000		Date of election i	if applicable:		For Official Use 0	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
OTDEET ADDRES	00 (NO P.O. POV)		MAILING ADDR	ESS			
STREET ADDRES	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
DATE 10/7/2003	ent Expenditures Made Att NAME AND ADDRES Benigno Moreno Los Angeles, CA 90017	S OF PAYEE	riately labeled continuation DESCRIPTION OF er Contact		\$23.45	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Benigno Moreno Los Angeles, CA 90017	Vote	er Contact		\$229.79	\$253.24	
10/7/2003	Mercedes Moreno Los Angeles, CA 90026	Vote	er Contact		\$184.50	\$184.50	

Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	Name of Candidate or Measure Solame of Candidate or Measure Solame of Candidate IAME OF CANDIDATE IAME OF BALLOT MEASURE Independent Expenditures Made DATE NAME AND ADD Miguel Moreno Los Angeles, CA 90032	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page 215 of	327
4	Amendment No 000	— (д.краш 2000)	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003		Voter	Contact		\$232.72	\$232.72	
10/7/2003		Voter	Contact		\$165.20	\$165.20	
10/7/2003	Aida Munoz Los Angeles, CA 90044	Voter	Contact		\$299.37	\$299.37	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	Name of Candidate or Measure S AME OF CANDIDATE AME OF BALLOT MEASURE Independent Expenditures Made DATE NAME AND ADD 2003 Jose Munoz Los Angeles, CA 90020	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 216 of	327
A	mendment No 000	- (Explain 5515)	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
-	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003		Voter	Contact		\$149.61	\$149.61	,
10/7/2003	Luis Murillo Los Angeles, CA 90015	Voter	Contact		\$23.33	\$331.08	
10/7/2003	Luis Murillo Los Angeles, CA 90015	Voter	Contact		\$307.75	\$331.08	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers pe		CALIFORNIA 465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/2003</u>		Page 217 of 327
A	Amendment No 000	-	Date of election if ap		For Official Use Only
	Report No CM2 10/7/2003 Dommittee/Filer Information I.D. NUMBER (if recipient committee) MITTEE/FILER'S NAME Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS MAILING ADDRESS STATE ZIP CODE				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (#	f recipient committee)	
COMMITTEE/F	FILER'S NAME		NAME OF TREASUR	ER	
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M	AIL ADDRESS	
2. Name of	Candidate or Measure Su	pported or Opposed			CHECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HELD A	AND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER JU	IRISDICTION	SUPPORT OPPOSE
3. Indepen	dent Expenditures Made A	1	tely labeled continuation she	ı	CUMULATIVE TO DATE CALENDAR YEAR OUNT (JAN.1 - DEC.31)
10/7/2003	Maria Murillo Bell Gardens, CA 90201		Contact	\$11.66	\$177.89
10/7/2003	Maria Murillo Bell Gardens, CA 90201	Voter	Contact	\$166.23	\$177.89

Expend	iture Report	Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-FINDITURI
•	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Through 12/31/2003 Through 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Threasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TO PRIONAL: FAX/E-MAIL ADDRESS TO PRIONAL: FAX/E	219	227				
	Amendment No 000	- Amendment (Explain Beld	Date of election i	f applicable:		Page 218 of For Official Use	327 Only
	Report No CM2	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
CTDEET A	DDDESS (NO D.O. DOV)		MAILING ADDR	ESS			
SIREELA	IDDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	<u> </u>	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	- 1	1			AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
10/7/2003		Vote	er Contact		\$11.66	\$177.89	
10/7/2003		Vote	er Contact		\$166.23	\$177.89	
10/7/2003	Angela Narvalles Commerce, CA 90040	Vote	er Contact		\$290.98	\$290.98	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	y) through 12/31/20	003		Page 219 of	327
,	Amendment No 000	- I	Date of election i	if applicable:		For Official Use	
	Amendment No 000 Date of election if applicable: (Month, Day, Year) Individual Individu						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Physical Spirates	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Natalia Nicolas Los Angeles, CA 90006	Voter	Contact		\$191.46	\$191.46	
10/7/2003	Sonia Nieves Los Angeles, CA 90002	Voter	Contact		\$299.37	\$299.37	
10/7/2003	Carmen Nunez Los Angeles, CA 90027	Voter	Contact		\$307.75	\$307.75	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	13		Page <u>220</u> of	327
4	Amendment No 000		Date of election if	applicable:		For Official Use	
	Report No CM2 10/7/2003 mittee/Filer Information 1.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE AL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	ree)		
COMMITTEE/	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF E		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	David Nunez Bell, CA 90201	Voter	Contact		\$23.33	\$214.79	
10/7/2003	David Nunez Bell, CA 90201	Voter	Contact		\$191.46	\$214.79	
10/7/2003	Edgar Nunez Los Angeles, CA 90001	Voter	Contact		\$23.33	\$207.83	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page <u>221</u> of	327
	Amendment No 000	— — — (слана 23.8.)	Date of election	f applicable:		For Official Use	
	Amendment No 000						
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Տսլ	oported or Opposed				СНЕ	CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LIOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indeper	<u>-</u>	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Edgar Nunez Los Angeles, CA 90001		Contact		\$184.50	\$207.83	0.01)
10/7/2003	Jose Nunez Los Angeles, CA 90027	Voter	Contact		\$307.75	\$307.75	
10/7/2003	Oscar Nunez Los Angeles, CA 90001	Voter	Contact		\$184.50	\$184.50	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	03		Page <u>222</u> of <u>3</u>	27
Amendment No 000			Date of election i (Month, Day	f applicable:		For Official Use C	nly
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	NE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/7/2003	Salvador Nunez Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$253.12	
10/7/2003	Salvador Nunez Los Angeles, CA 90006	Vote	er Contact		\$229.79	\$253.12	
10/7/2003	Maria Nuno Los Angeles, CA 90011	Vote	er Contact		\$332.46	\$332.46	

	mental Independent liture Report	Report Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>223</u> of	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed					CK ONE
NAME OF (CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE -	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Carlos O'Campo Glendale, CA 91206	Pho	neBank		\$445.85	\$851.86	
10/6/2003	Carlos O'Campo	Pho	neBank		\$221.31	\$851.86	
	Glendale, CA 91206				1	1,000	
10/7/2003	Manuel Oceguera Los Angeles, CA 90057	Vote	er Contact		\$246.56	\$246.56	

Expendit	ental Independent ure Report	Report Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
Government Co	de Sections 84203.5)	to whole dollars.	from9/21/200	93		TOKIN	
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>224</u> of	327
	Amendment No 000		Date of election i	f applicable:		For Official Use	Only
	Report No CM2		10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
OTDEET 400	PDF60 (NO D O DOW)		MAILING ADDR	ESS			
STREET ADL	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	f Candidate or Measure Sup	ported or Opposed					CK ONE
NAME OF CAI	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	- APPLICABLE	SUPPOI	RT OPPOSE
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indeper	ndent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Daniel Olano Los Angeles, CA 90015	Phor	neBank		\$398.71	\$759.19	
10/6/2003	Daniel Olano	Phor	neBank		\$195.31	\$759.19	
10, 0, 2000	Los Angeles, CA 90015				\$170.01	<i>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
10/7/2003	Siliva Olivares Los Angeles, CA 90022	Vote	er Contact		\$327.84	\$327.84	

		eport Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
Government Code S	Sections 84203.5)	to whole dollars.	from9/21/200)3		FORIVI —	
SEE INSTRUCTION	Ame of Candidate or Measure S ME OF CANDIDATE ME OF BALLOT MEASURE Adependent Expenditures Made DATE NAME AND ADD Claudia Olivia Los Angeles, CA 90004	Amendment (Explain Belo	through <u>12/31/20</u>	w) through 12/31/2003		Page <u>225</u> of <u>3</u>	327
Am	endment No 000		Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRI	ESS			
STREET ADDRES	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	NE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	<u> </u>	ported or Opposed				CHEC	K ONE
NAME OF CANDIE	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	Γ MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	C OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR .
10/7/2003		Vote	er Contact		\$307.75	\$307.75	
10/7/2002	Contro Olmodo	V-A	Ctt		\$211.62	¢211.62	
10/7/2003		Vote	er Contact		\$211.62	\$211.62	
10/6/2003	Olson, Hagel & Fishburn LLP Sacramento, CA 95814	Pho	nebank		\$173.59	\$173.59	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Bel		003		Dama 226 at	327
Amendment No 000				if applicable:		Page 226 of For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
STREET ADDI	NEGO (NO F.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.	1	CUMULATIVE CALENDAR	
DATE	NAME AND ADDRES Heidy Arrivillaga		DESCRIPTION OF nebank	EXPENDITURE	\$.00	(JAN.1 - DE	
	Los Angeles, CA 90062		icoank		3.00	φ.00	
9/24/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Vote	er Contact		\$1,033.50	\$1,103.73	
9/27/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Vote	er Contact		\$70.23	\$1,103.73	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
` SEE INSTRUCTIOI	•	A		02		5 227	227
Amendment No 000		Amendment (Explain Belo	ow) through 12/31/20 Date of election i (Month, Date	f applicable:		Page 227 of 2	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Silverio Rodriguez Ordonez Los Angeles, CA 90006	Vote	er Contact		\$323.08	\$323.08	
10/7/2003	Yolanda Orejel Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$355.78	
10/7/2003	Yolanda Orejel Los Angeles, CA 90006	Vote	er Contact		\$299.21	\$355.78	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>228</u> of	327
	Amendment No 000	- (Explain 5515)	Date of election i	f applicable:		For Official Use	
	Amendment No Report No CM2 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OF CANDIDATE OF BALLOT MEASURE BALLOT NO/LETTER JURISDICTION						
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME O	OF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Inde	ependent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE
10/7/2003	Yolanda Orejel Los Angeles, CA 90006		Contact	<u> </u>	\$33.24	\$355.78	0.01)
10/7/2003	Victor Ortega Los Angeles, CA 90062	Voter	Contact		\$298.20	\$298.20	
10/7/2003	Armando Ortiz Los Angeles, CA 90019	Voter	Contact		\$307.75	\$307.75	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>229</u> of <u>3</u>	327
Aı	mendment No 000	-	Date of election i	f applicable:		For Official Use C	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PHO	DNE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	D DATE YEAR
10/7/2003	Eduardo Oseguera Los Angeles, CA 90015		Contact		\$23.33	\$322.54	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10/7/2003	Eduardo Oseguera Los Angeles, CA 90015	Voter	Contact		\$299.21	\$322.54	
10/7/2003	Marcos Oseguera Los Angeles, CA 90015	Voter	Contact		\$165.20	\$165.20	

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SEE INSTRUCTION		Amendment (Explain Belo	ow) through 12/31/20	003		Page <u>230</u> of <u>3</u>	
Am	nendment No 000		Date of election i (Month, Da			For Official Use 0	Only
	Report No CM2		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREET ADDRE	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name of C	Candidate or Measure Sup	norted or Opposed					
NAME OF CANDI	•	portou or oppoodu	OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made Att	ach additional information on appropr	riately labeled continuation	n sheets.		OLIMALII ATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	YEAR
9/30/2003	Domiciano Osorio Gardena, CA 90247	Pho	neBank		\$454.60	\$1,001.53	
10/6/2003	Domiciano Osorio	Dhoo	neBank		\$221.64	\$1,001.53	
10/0/2003	Gardena, CA 90247	1 110	HEDalik		φ221.04	\$1,001.33	
10/7/2003	Diego Otranto Lynwood, CA 90262	Vote	er Contact		\$23.33	\$256.05	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>)3		Page <u>231</u> of <u>3</u>	327
,	Amendment No 000		Date of election if (Month, Day	applicable:		For Official Use C	
	Report No CM2	_	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	BURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indeper	ndent Expenditures Made A	1	tely labeled continuation DESCRIPTION OF E		AMOUNT	CUMULATIVE TO CALENDAR	D DATE
10/7/2003	Diego Otranto		Contact	APENDITURE	\$232.72	(JAN.1 - DEC \$256.05	<i>i</i> .31)
	Lynwood, CA 90262						
10/7/2003	Magdalena Palencia Inglewood, CA 90303	Voter	Contact		\$23.33	\$314.31	
10/7/2003	Magdalena Palencia Inglewood, CA 90303	Voter	Contact		\$290.98	\$314.31	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>232</u> of	327
A	mendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANI		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Jackeline Palma Los Angeles, CA 90005	Voter	Contact		\$184.50	\$184.50	,
10/7/2003	Martha Parada Los Angeles, CA 90023	Voter	Contact		\$310.29	\$310.29	
9/27/2003	Rosa Paredes Los Angeles, CA 90005	Voter	Contact		\$193.74	\$193.74	

	ental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	Ire Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2003	FORM 4	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>233</u> of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	ported or Opposed				СНЕ	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPOI	RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made At	tach additional information on appropr	iately labeled continuatior	sheets.		0.114.11.4.71.47	-0.5475
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Yohanna Parrales South Gate, CA 90280	Pho	neBank		\$389.01	\$903.55	•
	, and the second						
10/6/2003	Yohanna Parrales	Pho	neBank		\$212.23	\$903.55	
10/0/2003	South Gate, CA 90280	1110	iic Dank		Ψ212.23	Φ703.33	
9/30/2003	Estela De Jesus Paz Los Angeles, CA 90005	Pho	neBank		\$435.72	\$977.42	

Expenditi	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC <u>TI</u>	ONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page 234 of	327
A	Amendment No 000	- American (Explain Bea	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	DECC (NO D.O. DOV)		MAILING ADDR	ESS			
SIREELADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE		ECK ONE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Estela De Jesus Paz Los Angeles, CA 90005	Pho	neBank		\$221.64	\$977.42	
10/7/2003	Oscar Paz Los Angeles, CA 90004	Vote	er Contact		\$299.21	\$332.45	
10/7/2003	Oscar Paz Los Angeles, CA 90004	Vote	er Contact		\$33.24	\$332.45	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>235</u> of _	327
Am	nendment No 000	- (2.p.a 2010	Date of election i	if applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sur	oported or Opposed				CHE	CK ONE
NAME OF CANDI	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
10/7/2003	Enrique Pelaez		r Contact	EXPENDITORE	\$196.26	(JAN.1 - DEC	ند.ن
	Los Ângeles, CA 90016						
10/7/2003	Enrique Pelaez Los Angeles, CA 90016	Votes	r Contact		\$33.24	\$229.50	
10/7/2003	Allan Perez Los Angeles, CA 90005	Vote	r Contact		\$229.37	\$229.37	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>236</u> of _	327
Ar	mendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				СНЕ	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE	SUPPOR	RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
•	dent Expenditures Made A	1			MOUNT	CUMULATIVE T	O DATE
DATE 10/7/2003	Anna Perez		DESCRIPTION OF er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE	C.31)
	San Bernardino, CA 92410						
10/7/2003	Anna Perez San Bernardino, CA 92410	Vote	er Contact		\$303.44	\$326.77	
9/30/2003	Blanca Perez Los Angeles, CA 90006	Phor	neBank		\$487.10	\$1,053.77	

Expenditi	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC <u>TI</u>	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/2003</u>			Page 237 of 327	
A	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	D500 (NO D O DOV)		MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
DATE 10/6/2003	ndent Expenditures Made Att NAME AND ADDRES Blanca Perez Los Angeles, CA 90006	SS OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		AMOUNT \$18.47	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Blanca Perez Los Angeles, CA 90006	Vote	er Contact		\$221.64	\$1,053.77	
10/7/2003	Carlos Perez Los Angeles, CA 90011	Vote	er Contact		\$23.33	\$289.30	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>238</u> of _	327
A	mendment No 000	- (Explain 5000)	Date of election i	f applicable:		For Official Use 0	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	oported or Opposed					CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE	SUPPOR	OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Carlos Perez Los Angeles, CA 90011		Contact		\$265.97	\$289.30	5.51)
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038	Voter	Contact		\$11.66	\$253.66	
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038	Voter	Contact		\$148.99	\$253.66	

Expendit	ental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>239</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	f Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CA			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepei	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF	TO DATE R YEAR
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038		Contact		\$93.01	\$253.66	.0.31)
10/7/2003	Magdalena Perez Los Angeles, CA 90002	Voter	·Contact		\$232.72	\$232.72	
10/7/2003	Ronald Perez Los Angeles, CA 90006	Voter	· Contact		\$23.33	\$314.31	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>240</u> of	327
Aı	mendment No 000	- (z.p.a.ii 23.8.	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Տսլ	oported or Opposed				СНЕ	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Ronald Perez Los Angeles, CA 90006		Contact		\$290.98	\$314.31	.0.01)
9/30/2003	Karla Pineda Hawthorne, CA 90250	Phone	eBank		\$408.46	\$847.40	
10/6/2003	Karla Pineda Hawthorne, CA 90250	Phone	eBank		\$204.40	\$847.40	

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-ENDITURI
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>241</u> of	327
	Amendment No 000			f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREEL	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	-	ECK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Elke Pinuelas North Hollywood, CA 91606	Vote	er Contact		\$199.48	\$199.48	
10/7/2003	Elva Polanco Los Angeles, CA 90018	Vote	er Contact		\$11.66	\$289.29	
10/7/2003	Elva Polanco Los Angeles, CA 90018	Vote	er Contact		\$66.49	\$289.29	

Expenditur	e Report	Type or print in ink. Amounts may be rounded	·		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA /	65
Government Code S	Sections 84203.5)	to whole dollars.	from9/21/200)3		TORM	
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>242</u> of <u>3</u>	327
Am	endment No 000		Date of election i	f applicable:		For Official Use C	Only
Amounts may be rounded to whole dollars. Size INSTRUCTIONS ON REVERSE Amendment (Explain Below) Report No CM2 Amendment (Explain Below) Report No CM2 Date of election if applicable: (Month, Day, Year) 107/2003 Teasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS Page 242 For Official U For							
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
		ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE		CALENDAR (JAN.1 - DEC	
10/6/2003		Vote	er Contact		\$211.14	\$289.29	
9/29/2003		Vote	er Contact		\$1,044.00	\$4,998.84	
10/7/2003	Edith Portillo North Hollywood, CA 91605	Vote	er Contact		\$23.33	\$322.70	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 243 of	327
	Amendment No 000	No <u>000</u>		f applicable:		For Official Use	
	Report No CM2 I.D. NUMBER (if recipient committee) Treasurer (If recipient committee) NAME OF TREASURER TREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE						
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	f Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Edith Portillo North Hollywood, CA 91605	Voter	Contact		\$299.37	\$322.70	,
10/7/2003	Amilcar Posadas Bellflower, CA 90706	Voter	Contact		\$23.33	\$214.79	
10/7/2003	Amilcar Posadas Bellflower, CA 90706	Voter	Contact		\$191.46	\$214.79	

Expendit	nental Independent iture Report Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
(Government Cod	de Sections 84203.5)	to whole dollars.	from9/21/200	13		T GIVIN	
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/2003</u>			Page <u>244</u> of	327
,	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRI	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
- N							
Name of CAN	Candidate or Measure Sup	pported or Opposed	OFFICE COLICIT OF III	TID AND DICTRICT	E ADDI ICADI E		CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE -	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR
9/30/2003	Yeni Carolina Quintanilla Los Angeles, CA 90005	Pho	neBank		\$444.80	\$993.00	
10/6/2003	Yeni Carolina Ouintanilla	Pho	neBank		\$221.64	\$993.00	
10/0/2003	Los Angeles, CA 90005	1110	nebank		\$221.04	\$773.00	
10/7/2003	Alejandra Quintanilla Los Angeles, CA 90003	Vote	er Contact		\$23.33	\$351.17	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers p	Date 1/12/	Stamp	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/2003</u>			Page <u>245</u> of	327
A	mendment No 000	- -	Date of election if ap (Month, Day, Y			For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer ((If recipient committee)			
COMMITTEE/F	FILER'S NAME		NAME OF TREASU	RER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRESS	3			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-I	MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICA	BLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER JI	URISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation sh DESCRIPTION OF EXF	1	AMOUNT	CUMULATIVE CALENDAI	TO DATE R YEAR
10/7/2003	Alejandra Quintanilla		Contact		\$327.84	(JAN.1 - DE	:(0.31)
	Los Angeles, CA 90003						
10/7/2003	Daniel Quintanilla Los Angeles, CA 90003	Voter	Contact		\$260.32	\$260.32	
	The state of the s						

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>246</u> of	327
A	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Alba Quintero Los Angeles, CA 90058	Voter	Contact		\$332.46	\$355.79	,
10/7/2003	Juana Ramirez Canoga Park, CA 91304	Voter	Contact		\$23.33	\$321.15	
10/7/2003	Juana Ramirez Canoga Park, CA 91304	Voter	Contact		\$264.58	\$321.15	

Expend	emental Independent diture Report			s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
•	,		from9/21/200	03			
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Belo	elow) through <u>12/31/2003</u>			Page <u>247</u> of	327
	Amendment No 000	-	Date of election i			For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEET	ADDDESS (MO D.O. DOV)		MAILING ADDR	ESS			
SIREEI	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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	e of Candidate or Measure Sup CANDIDATE	oported or Opposed	OFFICE COLICIES OF III	ELD AND DISTRICT	E ADDI IO ADI E		CK ONE
NAME OF	- CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE	SUPPO	RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	pendent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE ⁻	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	YEAR
10/7/2003	Juana Ramirez Canoga Park, CA 91304	Vote	er Contact		\$33.24	\$321.15	
9/30/2003	Maria Ramirez	Phor	neBank		\$411.61	\$894.08	
	Bell Gardens, CA 90201						
10/6/2003	Maria Ramirez Bell Gardens, CA 90201	Phor	neBank		\$209.07	\$894.08	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>248</u> of _	327
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Clementina Ramos Los Angeles, CA 90059	Voter	Contact		\$23.33	\$354.77	
10/7/2003	Clementina Ramos Los Angeles, CA 90059	Voter	Contact		\$298.20	\$354.77	
10/7/2003	Clementina Ramos Los Angeles, CA 90059	Voter	Contact		\$33.24	\$354.77	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>249</u> of _	327
Aı	mendment No 000	—	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	T OPPOSE
3. Independ	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/6/2003	Danny Ramos Los Angeles, CA 90020		Contact		\$104.30	\$104.30	5.01)
10/7/2003	Estela Ramos Los Angeles, CA 90022	Voter	Contact		\$323.08	\$323.08	
10/7/2003	Hector Ramos North Hills, CA 91343	Voter	Contact		\$323.08	\$323.08	

Expend	mental Independent diture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	ICTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>250</u> of	327
	Amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Su	oported or Opposed				СН	ECK ONE
NAME OF	CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	pendent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Isabel Ramos Los Angeles, CA 90034		r Contact	ZXI ZNOTIONE	\$281.34	(JAN.1 - DE	.0.51)
9/30/2003	Isidro Ramos Los Angeles, CA 90021	Phone	eBank		\$416.26	\$964.46	
10/6/2003	Isidro Ramos Los Angeles, CA 90021	Phone	eBank		\$221.64	\$964.46	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- FROM THE PROPERTY IN THE PRO
SEE INSTRUC	me of Candidate or Measure S E OF CANDIDATE E OF BALLOT MEASURE DATE NAME AND ADD Juan Ramos South Gate, CA 90280 Juan Ramos	Amendment (Explain Belo	elow) through <u>12/31/2003</u>			Page <u>251</u> of <u>327</u>	
	Amendment No 000	, .		f applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME	I	NAME OF TREA	SURER			
OTD 557 48			MAILING ADDRI	ESS			
SIREELAL	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL:	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	·	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made Att	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	R YEAR
10/6/2003		Phon	neBank		\$147.76	\$184.70	,
10/7/2003	Juan Ramos South Gate, CA 90280	Vote	r Contact		\$36.94	\$184.70	
10/7/2003	Leonardo Rivera Ramos Los Angeles, CA 90006	Vote	er Contact		\$229.37	\$262.61	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	165
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>252</u> of	327
A	mendment No 000	_	Date of election i	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed					FOX ONE
NAME OF CANI		ррогов от орросов	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		DRT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		cuppe	ORT OPPOSE
NAME OF BALL	OT WEASURE		BALLOT NO./LETTER	JORIGINETION		Surre	OFFOSE
3. Indepen	dent Expenditures Made A	Attach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAI	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DI	EC.31)
10/7/2003	Leonardo Rivera Ramos Los Angeles, CA 90006	Vote	r Contact		\$33.24	\$262.61	
10/7/2003	Maria Ramos Los Angeles, CA 90026	Votes	r Contact		\$166.23	\$166.23	
10/7/2003	Patricia Ramos Los Angeles, CA 90038	Votes	r Contact		\$23.33	\$331.08	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCTIO	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9/21/2003 Page 253 For Off	Page 253 of _	327				
Aı	mendment No 000	- (Explain 5515)	Date of election i	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003	Page CAL F			
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
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3. Independ	-	1	•		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Patricia Ramos Los Angeles, CA 90038						5.01)
10/7/2003	Teresa Ramos North Hills, CA 91343	Voter	Contact		\$11.66	\$329.34	
10/7/2003	Teresa Ramos North Hills, CA 91343	Voter	Contact		\$132.98	\$329.34	

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	endment No 000	ment No 000 Amendment (Explain Below		f applicable:		Page 254 of For Official Use	
	Report No CM2		, , ,	y, Year)			
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
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3. Independe	1	1			AMOUNT	CUMULATIVE T CALENDAR	YEAR
10/6/2003	NAME AND ADDRES Teresa Ramos			EXPENDITURE		(JAN.1 - DE) \$329.34	C.31)
	North Hills, CA 91343						
9/30/2003	Cristina Rauda Los Angeles, CA 90051	Phor	neBank		\$435.72	\$977.42	
10/6/2003	Cristina Rauda Los Angeles, CA 90051	Phor	neBank		\$221.64	\$977.42	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
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NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	-	1			AMOUNT	CUMULATIVE CALENDAR	YEAR
9/30/2003	Miguel Raya Jr.					\$835.22	.0.31)
	South Gate, CA 90280						
10/6/2003	Miguel Raya Jr. South Gate, CA 90280	Phor	neBank		\$180.24	\$835.22	
10/7/2003	Rosa Recinos Los Angeles, CA 90001	Vote	er Contact		\$282.60	\$282.60	

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- FRANCISCO FRAN
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3. Indep	1	1			AMOUNT	CUMULATIVE CALENDAR	RYEAR
10/7/2003	Daniel Reina			LXI LIVETIONE		(JAN.1 - DE	.0.31)
	Los Angeles, CA 90015						
10/7/2003	Estrella Renteria Los Angeles, CA 90032	Vote	r Contact		\$299.37	\$299.37	
10/7/2003	Blanca Reyes Los Angeles, CA 90018	Vote	er Contact		\$23.33	\$249.23	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
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	Amendment No 000	-	Date of election	if applicable:		For Official Use	
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1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
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NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
	· ·		•		1	CUMULATIVE 1 CALENDAR	TO DATE R YEAR
DAT 10/7/2003	Blanca Reyes			EXPENDITURE		(JAN.1 - DE \$249.23	C.31)
	Los Angeles, CA 90018						
10/7/2003	Josefina Reyes Los Angeles, CA 90006	Votes	r Contact		\$196.26	\$262.75	
10/7/2003	Josefina Reyes Los Angeles, CA 90006	Votes	r Contact		\$66.49	\$262.75	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
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A	Amendment No 000	— (Explain 5515)	Date of election	f applicable:		For Official Use	
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1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
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NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	ident Expenditures Made A	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Mirna Reyes Los Angeles, CA 90018	Voter	Contact		\$23.33	· ·	,
10/7/2003	Mirna Reyes Los Angeles, CA 90018	Voter	Contact		\$281.34	\$304.67	
10/7/2003	Alma Rico Los Angeles, CA 90011	Voter	Contact		\$199.48	\$199.48	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
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A	mendment No 000	-	Date of election	f applicable:		For Official Use	
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1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
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3. Independ	dent Expenditures Made A	1	·		AMOUNT	CUMULATIVE 1	O DATE
10/7/2003	Sylvia Rico			EXPENDITURE		(JAN.1 - DE \$199.48	C.31)
	Huntington Park, CA 90255						
10/7/2003	Martha Rivas Los Angeles, CA 90007	Vote	r Contact		\$307.75	\$307.75	
9/30/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	vcs. Phor	neBank		\$12,763.89	\$63,582.85	

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An	nendment No 000		Date of election	if applicable:	STATE ZIP CODE A L ADDRESS D DISTRICT, IF APPLICABLE SDICTION S.	For Official Use 0	
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DATE				EXPENDITURE		CALENDAR (JAN.1 - DEC	
9/30/2003	Rita Copeland dba River City Business Sv Sacramento, CA 95841	Pho	neBank		\$115.00	\$63,582.85	
10/6/2003	Rita Copeland dba River City Business Sv Sacramento, CA 95841	vcs. Vot	er Contact		\$43,480.42	\$63,582.85	
10/7/2003	Cristobal Rivera Los Angeles, CA 90023	Vot	er Contact		\$23.33	\$352.47	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- 165
SEE INSTRUCTIO	NS ON REVERSE	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. N REVERSE Amendment (Explain Below) 1/12/2003 1/12/2003 Page Page	Page <u>261</u> of	327			
An	nendment No 000		Date of election	if applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
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10/7/2003	Maria de la Ruz Rizo Los Angeles, CA 90033	Vote	er Contact		\$199.48	\$199.48	
10/7/2003	Cesar Robles Huntington Park, CA 90255	Vote	er Contact		\$11.66	\$168.19	

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NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
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10/7/2003	Cesar Robles Huntington Park, CA 90255	Vote	er Contact		\$156.53	\$168.19	
10/7/2003	Francisco Rocha Los Angeles, CA 90017	Vote	er Contact		\$166.23	\$232.72	
10/7/2003	Francisco Rocha Los Angeles, CA 90017	Vote	er Contact		\$66.49	\$232.72	

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Am	nendment No 000					For Official Use 0	Only
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
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3. Independ	ent Expenditures Made Att	ach additional information on appropr	riately labeled continuation	n sheets.		CUMULATIVE T	ODATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR
9/30/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Pho	neBank		\$445.85	\$986.70	
10/6/2003	Napoleon Marie Rodriguez	Pho	neBank		\$221.31	\$986.70	
10/0/2003	Panorama City, CA 91402		ne Bunk		Ψ221.31	Ψ200.70	
10/7/2003	Graciela Rodriguez Pasadena, CA 91103	Vot	er Contact		\$11.66	\$211.14	

Expendit	ental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
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	Amendment No 000	Zamenament (Explain Belo	Date of election	if applicable:		For Official Use (
	Report No CM2		Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CO OPTIONAL: FAX/E-MAIL ADDRESS				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	ASURER			
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NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indeper DATE 10/7/2003	ndent Expenditures Made At NAME AND ADDRES Graciela Rodriguez Pasadena, CA 91103	SS OF PAYEE	DESCRIPTION OF			CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Martha Rodriguez	Vote	r Contact		\$23.33	\$422.27	
10, 112003	Los Angeles, CA 90057	Votes	. Contact		Ψωιιου	ΨΤΔΔ.Σ.1	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Vote	r Contact		\$132.98	\$422.27	

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A	imenament No	_	Date of election i (Month, Day			For Official Use	Only
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRI	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Vote	er Contact		\$232.72	\$422.27	,
10/7/0002	M d P L	T.	<u> </u>		\$22.24	¢422.27	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Vote	er Contact		\$33.24	\$422.27	
10/7/2003	Martin Rodriguez Los Angeles, CA 90019	Vote	er Contact		\$23.33	\$222.81	

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Am	nendment No 000	- (Explain 550)	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDII	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Martin Rodriguez Los Angeles, CA 90019		r Contact		\$199.48	\$222.81	5.01)
10/7/2003	Delmys Rodriguez Inglewood, CA 90301	Voter	r Contact		\$299.37	\$299.37	
10/7/2003	Hermila Rodriguez South Gate, CA 90280	Voter	r Contact		\$290.98	\$290.98	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>267</u> of	327
A	mendment No 000	—	Date of election if applicable: (Month, Day, Year)			For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE - CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Ana Rodriguez Los Angeles, CA 90006	Voter	Contact		\$327.84	\$327.84	,
10/7/2003	Denis Rodriguez Los Angeles, CA 90006	Voter	Contact		\$199.48	\$199.48	
10/7/2003	Hermenegildo Rodriguez Los Angeles, CA 90003	Voter	Contact		\$220.01	\$220.01	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>268</u> of	327
	Amendment No 000	- (Explain 5515)	Date of election if applicable: (Month, Day, Year)			For Official Use	
	Report No CM2	-	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Miguel Rodriguez Los Angeles, CA 90003	Voter	Contact		\$211.62	\$211.62	0.0 .,
10/7/2003	Virginia Rodriguez North Hollywood, CA 91605	Voter	Contact		\$323.08	\$323.08	
10/7/2003	Maria Rodriguez Los Angeles, CA 90057	Voter	Contact		\$272.96	\$272.96	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>269</u> of _	327
	Amendment No 000	—	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Nam	e of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
	ependent Expenditures Made A	1			1	CUMULATIVE T CALENDAR	O DATE YEAR
DAT 9/30/2003	E NAME AND ADDRE Abraham Rojas		DESCRIPTION OF eBank	EXPENDITURE	\$398.71	(JAN.1 - DE) \$878.16	C.31)
	Los Angeles, CA 90029						
10/6/2003	Abraham Rojas Los Angeles, CA 90029	Phone	eBank		\$195.31	\$878.16	
10/7/2003	Eugenio Rojas Los Angeles, CA 90011	Voter	Contact		\$11.66	\$144.64	

Expend	mental Independent liture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>270</u> of	327
	Amendment No 000	- (Expan) 300.	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT LE	ADDI ICARI E		ECK ONE
NAME OF	CANDIDATE		OTTICE SOCIETY ON THE	LLD AND DISTRICT, II	ALLEIOABEE	30770	KI OFFOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
-	endent Expenditures Made At	1			1	CUMULATIVE CALENDAF	TO DATE R YEAR
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF Contact	EXPENDITURE	\$132.98	(JAN.1 - DE	C.31)
	Los Angeles, CA 90011						
9/30/2003	Rufina Rojas Los Angeles, CA 90057	Phone	Bank		\$444.80	\$956.06	
10/6/2003	Rufina Rojas Los Angeles, CA 90057	Phone	Bank		\$184.70	\$956.06	
10/6/2003	Rufina Rojas Los Angeles, CA 90057	Phone	Bank		\$184.70	\$9:	56.06

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover	•	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Beld		003		Daga 271 of	327
	Amendment No 000	- Amendment (Explain Beld	bw) through 12/31/20 Date of election in (Month, Date)	f applicable:		Page 271 of For Official Use	
	Report No CM2	-	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREELAD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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2. Name o	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	1	ECK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made At	1	iately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Sonia Rojas Los Angeles, CA 90018	Vote	er Contact		\$166.23	\$166.23	
10/7/2003	Walner Rojas Los Angeles, CA 90027	Vote	er Contact		\$272.96	\$272.96	
10/7/2003	Carolina Rojo Los Angeles, CA 90037	Vote	er Contact		\$161.84	\$195.08	

of 327 al Use Only	For Official Use	ommittee)	through	Amendment (Explain Below) I.D. NUMBER (if recipient committee)	Amendment No CM2	SEE INSTRUCTION
	For Official Use	ommittee)	Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient con	-	Amendment No 000	
al Use Only		ommittee)	(Month, Day, Year) 10/7/2003 Treasurer (If recipient con	I.D. NUMBER (if recipient committee)		Am
)	ommittee)	Treasurer (If recipient con	I.D. NUMBER (if recipient committee)	Report No CM2	
)	ommittee)		I.D. NUMBER (if recipient committee)		
			NAME OF TREASURED		ittee/Filer Information	I. Committe
			NAME OF TREASURER		E/FILER'S NAME	COMMITTEE/FILE
			MAILING ADDRESS		DDDF00 (NO D O DOV)	OTDEET ADDRES
					DDRESS (NO P.O. BOX)	STREET ADDRES
DE/PHONE	STATE ZIP CODE AREA CODE/P	STATE ZIF	CITY	ZIP CODE AREA CODE/PHONE	STATE	CITY
		SS	OPTIONAL: FAX/E-MAIL ADDRESS		FAX/E-MAIL ADDRESS	OPTIONAL: FAX/
CHECK ONE	Ct			 oported or Opposed	of Candidate or Measure Sup	2. Name of C
SUPPORT OPPO		CT, IF APPLICABLE	OFFICE SOUGHT OR HELD AND DISTRICT		ANDIDATE	NAME OF CANDID
SUPPORT OPPO	SUPP	N	BALLOT NO./LETTER JURISDICTION	E	ALLOT MEASURE	
						NAME OF BALLOT
1						NAME OF BALLOT
ATIVE TO DATE	CUMULATIVE		ely labeled continuation sheets.	tach additional information on appropriately	endent Expenditures Made Att	
ATIVE TO DATE ENDAR YEAR N.1 - DEC.31)	CALENDA	AMOUNT	ly labeled continuation sheets. DESCRIPTION OF EXPENDITURE	1	endent Expenditures Made Att	
ENDAR YEAR	CALENDA		DESCRIPTION OF EXPENDITURE	1	1	3. Independe
ENDAR YEAR	AMOUNT CALENDA (JAN.1 - DI		DESCRIPTION OF EXPENDITURE	SS OF PAYEE	NAME AND ADDRES	3. Independe
ENDAR YEAR	AMOUNT CALENDA (JAN.1 - DI	\$33.24	DESCRIPTION OF EXPENDITURE ontact	SS OF PAYEE	NAME AND ADDRES Carolina Rojo Los Angeles, CA 90037 Carlos Romero	3. Independe
ENDAR YEAR	AMOUNT CALENDA (JAN.1 - DI \$33.24 \$195.08	\$33.24	DESCRIPTION OF EXPENDITURE ontact	SS OF PAYEE Voter Co	NAME AND ADDRES Carolina Rojo Los Angeles, CA 90037	3. Independe DATE 10/7/2003
ENDAR YEAR	AMOUNT CALENDA (JAN.1 - DI \$33.24 \$195.08	\$33.24 \$199.48	DESCRIPTION OF EXPENDITURE ontact ontact	SS OF PAYEE Voter Co	NAME AND ADDRES Carolina Rojo Los Angeles, CA 90037 Carlos Romero	3. Independe DATE 10/7/2003
ı	AMOUNT CAL (JAN		DESCRIPTION OF EXPENDITURE	SS OF PAYEE	NAME AND ADDRES	3. Independe

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from 9/21/2003		CALIFORNIA 465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>		Page <u>273</u> of <u>327</u>
A	Amendment No 000	-	Date of election if app (Month, Day, Ye		For Official Use Only
	Report No CM2	_	10/7/2003		
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If	recipient committee)	
COMMITTEE/	FILER'S NAME		NAME OF TREASURE	ER	
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M/	AIL ADDRESS	
2. Name of	Candidate or Measure Su	pported or Opposed			CHECK ONE
NAME OF CAN			OFFICE SOUGHT OR HELD A	AND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER JUI	RISDICTION	SUPPORT OPPOSE
3. Indepen	ident Expenditures Made A		ately labeled continuation she	1	CUMULATIVE TO DATE CALENDAR YEAR UNT (JAN.1 - DEC.31)
10/7/2003	Reina Isabel Romero Long Beach, CA 90804		r Contact	\$246.56	\$246.56
10/7/2003	Maximiliano Rosales Los Angeles, CA 90057	Votes	r Contact	\$310.29	\$310.29
	1				

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>274</u> of	327
	Amendment No 000	- (ZAPIGIII 25.5.)	Date of election	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAL			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
DATE	ndent Expenditures Made A	SS OF PAYEE	DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Anna Maria Roy Rancho Cucamonga, CA 91730	Voter	·Contact		\$285.52	\$308.85	
10/7/2003	Margarita Rua Cerriots, CA 90703	Voter	Contact		\$327.84	\$327.84	
9/27/2003	Service Employees International Union I Los Angeles, CA 90017	Local 1877 Voter	Contact		\$920.00	\$3,012.46	

Expendi	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>275</u> of	327
	Amendment No 000	-	Date of election	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
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2. Name (of Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	F APPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
9/27/2003	SEIU Local 399 Los Angeles, CA 90017	Voter	Contact		\$1,152.40	\$1,152.40	
9/27/2003	SEIU Local 535 Pasadena, CA 91105-2607	Voter	Contact		\$1,076.80	\$1,076.80	
9/27/2003	Service Employees International Union I Los Angeles, CA 90020	Local 660 Voter	Contact		\$873.20	\$2,473.20	

Expenditu	ental Independent ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Government Cod	le Sections 84203.5)	to whole dollars.	from9/21/200	93		TORM	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>276</u> of	327
A	mendment No 000	-	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Sup	oported or Opposed				QUE	COL ONE
NAME OF CAN	•	- година и при при при при при при при при при п	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3 Indepen	dent Expenditures Made A	ttach additional information on appropri	riotaly labeled continuation	a shoota			
DATE	_	1			AMOUNT	CUMULATIVE T CALENDAR	YEAR
10/7/2003	NAME AND ADDRE Karla Salazar		DESCRIPTION OF er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE \$145.99	C.31)
	Culver City, CA 90320						
10/7/2003	Karla Salazar Culver City, CA 90320	Vote	er Contact		\$122.66	\$145.99	
10/7/2003	Vilma Lizeth Salazar Hawthorne, CA 90250	Vote	er Contact		\$254.72	\$254.72	

Expendi	nental Independent iture Report	Report Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
(Government C	Code Sections 84203.5)	to whole dollars.	from9/21/200	03		FORW	
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>277</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET A	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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	of Candidate or Measure Sup	ported or Opposed	055105 00110115 00 111		VE 4 DD1 10 4 D1 E		ECK ONE
NAME OF C	CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	RYEAR
9/30/2003	Maria Salcedo Los Angeles, CA 90015	Phor	neBank		\$505.27	\$985.49	
10/6/2003	Maria Salcedo	Phor	neBank		\$221.64	\$985.49	
10, 0, 2005	Los Angeles, CA 90015		HOHEDAHK		\$22110 1	ψ,σσ,	
10/7/2003	Adriana Salinas Los Angeles, CA 90037	Vote	er Contact		\$23.33	\$346.41	

Expend	Diemental Independent enditure Report Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>278</u> of _	327
	Amendment No 000	- Americanient (Explain Belo	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITT	EE/FILER'S NAME	I	NAME OF TREA	SURER			
OTD 557 A			MAILING ADDR	ESS			
SIREELA	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Adriana Salinas Los Angeles, CA 90037	Vote	er Contact		\$323.08	\$346.41	
10/7/2003	Irma Salinas Los Angeles, CA 90037	Vote	er Contact	·Contact		\$323.14	
10/7/2003	Maricela Salinas Los Angeles, CA 90019	Vote	er Contact		\$11.66	\$211.14	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>279</u> of _	327
A	mendment No 000	- (2.4pm.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	oported or Opposed				CUE	CK ONE
NAME OF CANE	-		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Maricela Salinas Los Angeles, CA 90019	Voter	Contact		\$199.48	\$211.14	
10/7/2003	Ana Cecilia Salvin Los Angeles, CA 90057		Contact		\$166.23	\$199.47	
10/7/2003	Ana Cecilia Salvin Los Angeles, CA 90057	Voter	Contact		\$33.24	\$199.47	

Expenditui	ental Independent ure Report de Sections 84203.5) Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through 12/31/20	003		Page 280 of 3	327
Am	nendment No 000		Date of election i	if applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
CTDEET ADDRE	SSS (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDRE	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHO	NE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	IF APPLICABLE		CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	r OPPOSE
3. Independ	ent Expenditures Made Atta	ach additional information on appropr	riately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR ((JAN.1 - DEC	
9/30/2003	Jeffrey Sanceri Whittier, CA 90602	Phor	neBank		\$445.85	\$986.70	
10/6/2003	Jeffrey Sanceri Whittier, CA 90602	Pho	oneBank \$221.3		\$221.31	\$986.70	
10/7/2003	Bertha Sanchez Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$322.54	

Expendit u	mental Independent diture Report Code Sections 84203.5) Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	(w) through <u>12/31/20</u>	003		Page <u>281</u> of	327
A	mendment No 000	- American (Explain Belo	Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
CTDEET ADDE	DESC (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CANI	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE	dent Expenditures Made At	SS OF PAYEE	DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Bertha Sanchez Los Angeles, CA 90006	Vote	r Contact		\$299.21	\$322.54	
10/7/2003	Dolores Sanchez Los Angeles, CA 90057	Vote	r Contact		\$327.84	\$327.84	
10/7/2003	Guillermo Sanchez Los Angeles, CA 90019	Vote	r Contact		\$156.53	\$156.53	

gh 12/31/2003			
9		Page <u>282</u> of <u>3</u>	27
of election if applicable:		For Official Use C	
2003			
reasurer (If recipient com	mittee)		
AME OF TREASURER			
AILING ADDRESS			
ТҮ	STATE ZIP COD	DE AREA CODE/PHO	NE
PTIONAL: FAX/E-MAIL ADDRESS			
		CHEC	K ONE
DUGHT OR HELD AND DISTRICT	IF APPLICABLE		OPPOSE
O./LETTER JURISDICTION		SUPPORT	OPPOSE
	AMOUNT	CUMULATIVE TO CALENDAR N	DATE (EAR
CRIFTION OF EXPENDITURE	\$33.24	\$166.23	.31)
	\$132.99	\$166.23	
	1	1	
	(Month, Day, Year) 2003 FEASURET (If recipient com AME OF TREASURER AILING ADDRESS TY PTIONAL: FAX/E-MAIL ADDRESS DUGHT OR HELD AND DISTRICT	(Month, Day, Year) 2003 **Peasurer** (If recipient committee) AME OF TREASURER AILING ADDRESS TY STATE ZIP COE PTIONAL: FAX/E-MAIL ADDRESS DUGHT OR HELD AND DISTRICT, IF APPLICABLE O./LETTER JURISDICTION Continuation sheets. CRIPTION OF EXPENDITURE AMOUNT \$33.24	(Month, Day, Year) 2003 FEASURET (If recipient committee) ALLING ADDRESS TY STATE ZIP CODE AREA CODE/PHO PTIONAL: FAX/E-MAIL ADDRESS CHEC DUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT CONTINUATION SUPPORT CONTINUATION (JAN.1 - DEC) \$33.24 \$166.23

Expenditu	mental Independent liture Report Code Sections 84203.5) Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
(Government Code	e Sections 84203.5)	to whole dollars.	from9/21/200)3		TOTAM	
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>283</u> of	327
Ai	mendment No 000		Date of election i	f applicable:		For Official Use	Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	ported or Opposed				CHE	ECK ONE
NAME OF CAND	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made At	tach additional information on appropri	iately labeled continuation	n sheets.		CUMULATIVE -	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Soraya Sandoval Los Angeles, CA 90008	Vote	er Contact		\$281.34	\$281.34	
10/7/2003	Vilma Sandoval Los Angeles, CA 90029	Vote	er Contact		\$298.20	\$331.44	
10/7/2003	Vilma Sandoval Los Angeles, CA 90029	Vote	er Contact		\$33.24	\$331.44	

Expenditu	plemental Independent enditure Report ment Code Sections 84203.5) Type or print in ink. Amounts may be rounded to whole dollars.		Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 465	
,	,						
SEE INSTRUCTION		Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>284</u> of _	
An	nendment No 000	-	Date of election i (Month, Day			For Official Use (Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
OTDEET 4 DDDE	TOO (NO D.O. DOV)		MAILING ADDRI	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE	SUPPOR	T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		OLDANIA ATIVE T	0.0475
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Esperanza Santiago North Hollywood, CA 91601	Vote	er Contact		\$316.14	\$316.14	•
10/7/0002		V.	<u> </u>		¢22.22	\$220 AZ	
10/7/2003	Florinda Santiago Sherman Oaks, CA 91423	Vote	er Contact		\$23.33	\$339.47	
10/7/2003	Florinda Santiago Sherman Oaks, CA 91423	Vote	er Contact		\$316.14	\$339.47	
	2.2.2.1.20						

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>285</u> of <u>3</u>	327
A	mendment No 000	_	Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	D DATE YEAR
10/7/2003	Gloria Santiago Los Angeles, CA 90020		Contact		\$286.17	\$286.17	
10/7/2003	David Saramiento Los Angeles, CA 90007 Voter G		Contact \$11.66		\$11.66	\$177.89	
10/7/2003	David Saramiento Los Angeles, CA 90007	Voter	Contact		\$166.23	\$177.89	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>286</u> of _	327
A	mendment No 000	- (z.p.a.ii 23.8.	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	pported or Opposed				CUE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Isais Saucedo Long Beach, CA 90813	Voter	Contact		\$225.90	\$225.90	0.0 .,
10/7/2003	Saul Segura Maywood, CA 90270 Voter C		Contact		\$332.46	\$332.46	
10/7/2003	Francisco Segura-Pineda San Diego, CA 92154	Voter	Contact		\$11.66	\$177.89	

Supplor	nental Independent				SUPPLEMENTA	AL INDEPENDENT EXP	ENDITURI
Expendi	iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 287 of _	327
	Amendment No 000	-	Date of election if (Month, Day	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)	•	
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF C		трение и оррение	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF B	SALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
-	endent Expenditures Made A	1			1	CUMULATIVE T	O DATE YEAR
DATE 10/6/2003	NAME AND ADDRE Francisco Segura-Pineda		DESCRIPTION OF E	EXPENDITURE	\$166.23	(JAN.1 - DEC	
10/0/2003	San Diego, CA 92154	Voter	Contact		\$100.25	\$177.05	
10/7/2003	Juan Serna Long Beach, CA 90813	Voter	Contact		\$290.98	\$290.98	
10/7/2003	Sonia Sharwood Sacramento, CA 95833	Voter	Contact		\$310.29	\$310.29	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>288</u> of <u>3</u>	327
A	mendment No 000	- (Explain 500)	Date of election in (Month, Day	f applicable:		For Official Use (
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PHO	DNE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	dent Expenditures Made A	1			AMOUNT	CUMULATIVE TO CALENDAR	O DATE YEAR
DATE 10/7/2003	Jenny Shegos		DESCRIPTION OF I	EXPENDITURE	\$108.16	(JAN.1 - DEC	2.31)
	Los Ángeles, CA 90005						
10/7/2003	Claudia Sigara Los Angeles, CA 90002 Voter 0		*Contact \$:		\$23.33	\$322.70	
10/7/2003	Claudia Sigara Los Angeles, CA 90002	Voter	Contact		\$299.37	\$322.70	

Expenditu	ental Independent ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-ENDITURI
•	de Sections 84203.5)		from9/21/200	3			
	ONS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	03		Page <u>289</u> of	327
A	Amendment No 000	_				For Official Use	Only
	Report No CM2	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Form 9/21/2003					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREEI ADDI	KESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
		pported or Opposed				СНІ	ECK ONE
NAME OF CAN	IDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
 3. Indepen	dent Expenditures Made A	attach additional information on appropri	iately labeled continuation	sheets.		CLIMALII ATIVE	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	R YEAR
10/7/2003	Gloria Silvestre Hollywood, CA 90028	Vote	er Contact		\$23.33	\$254.00	
10/7/2003	Gloria Silvestre	Vote	er Contact		\$230.67	\$254.00	
10/7/2003	Hollywood, CA 90028	Vote	er Contact		\$230.07	\$234.00	
10/7/2003	Maribel Solis Los Angeles, CA 90011	Vote	er Contact		\$310.29	\$310.29	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through 12/31/20	003		Page <u>290</u> of	327
A	Amendment No 000		Date of election	if applicable:		For Official Use	
	Amendment No						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	<td></td> <td></td> <td></td>			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	-	1	•		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003		Voter	Contact		\$282.60	\$282.60	- · ,
10/7/2003		Voter	Contact		\$298.20	\$298.20	
10/7/2003	Wilberto Sosa Los Angeles, CA 90018	Voter	Contact		\$23.33	\$333.62	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 291 of _	327
A	Amendment No 000	-	Date of election	if applicable:		For Official Use	
	Amounts may be rounded to whole dollars. Fig. Sections 84203.5 Sections 84203						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Photos Shires	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	_	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003		Voter	Contact		\$310.29	\$333.62	
10/7/2003		Voter	Contact		\$327.84	\$327.84	
10/7/2003	Olga Soto Los Angeles, CA 90005	Voter	· Contact		\$299.37	\$299.37	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.			Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through 12/31/2003			Page 292 of 327	
A	mendment No 000		Date of election i	f applicable:		For Official Use C	
	Amendment No 000						
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	-	1			AMOUNT	CUMULATIVE TO CALENDAR	D DATE
10/7/2003	Maria Tejada			EXPENDITURE		(JAN.1 - DEC	:.31)
	Long Beach, CA 90806						
10/6/2003		Voter	Contact		\$4,594.44	\$24,594.44	
10/7/2003	Hugo Tena Bell Gardens, CA 90201	Voter	Contact		\$232.72	\$265.96	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 293 of	327
A	Amendment No 000	—	Date of election i	f applicable:		For Official Use	
	Amounts may be rounded to whole dollars. Sections 84203.5) SEON REVERSE Indement No 000 Report No CM2 ID. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE TOPIONAL: FAX:E-MAIL ADDRESS Candidate or Measure Supported or Opposed Date of election if applicable: (Month, Day, Year) ID. NUMBER (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP CODE AMOUNT STATE ZIP CODE AMOUNT STATE ZIP CODE TOPIONAL: FAX:E-MAIL ADDRESS Candidate or Measure Supported or Opposed DATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE TO MEASURE BALLOT NO:/LETTER JURISDICTION FINANCIAN STATE ZIP CODE AMOUNT STATE ZIP CODE AMILIARY AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE STATE ZIP CODE NAILERY TENA BEIl Gardens, CA 90201 Nailery Tena Nailery Tena						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	· ·	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Hugo Tena Bell Gardens, CA 90201	Voter	Contact		\$33.24	\$265.96	,
10/7/2003		Voter	Contact		\$199.48	\$232.72	
10/7/2003	Nallely Tena Bell Gardens, CA 90201	Voter	Contact		\$33.24	\$232.72	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page 294 of 327	
A	Amendment No 000	Z 7 mortanion (Explain Soci	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	D500 (NO D O DOV)		MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE	1	ECK ONE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen DATE 10/7/2003	NAME AND ADDRESS Marvin Tenorio Los Angeles, CA 90032	SS OF PAYEE	ately labeled continuation DESCRIPTION OF or Contact		\$299.37	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Jose Teos Los Angeles, CA 90006	Vote	r Contact		\$211.62	\$211.62	
	,,,,,,,, .						
10/6/2003	Stacy Thedford Los Angeles, CA 90020	Vote	r Contact		\$155.24	\$155.24	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA 4	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	low) through <u>12/31/2003</u>			Page <u>295</u> of <u>327</u>	
	Amendment No 000	· (Explain 50k	Date of election i	f applicable:		For Official Use C	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
CTREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREELADD	RESS (NO P.O. BOX)						
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2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepen	ndent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Marisela Tiscareno Montebello, CA 90640	VOIC	er Contact		\$11.66	\$211.14	
10/7/2003	Marisela Tiscareno Montebello, CA 90640	Vote	er Contact		\$199.48	\$211.14	
10/7/2003	Martha Tiscareno Los Angeles, CA 90022	Vote	er Contact		\$132.20	\$132.20	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	nt (Explain Below) through 12/31/2003 Page 296				327
A	Amendment No 000		Date of election i	if applicable:		For Official Use	
	Amendment No 000 Amendment (Explain Bellow) More of Explain Bellow						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/I	FILER'S NAME	·	NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	-	1	•		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003		Voter	Contact			\$239.38	0.0 .,
10/7/2003		Voter	Contact		\$194.48	\$239.38	
10/7/2003	Elen Toledo Los Angeles, CA 90004	Voter	Contact		\$33.24	\$239.38	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	y) through 12/31/20	03		Page 297 of	327
A	mendment No 000	— (Explain 5515)	Date of election in	f applicable:		For Official Use	
	Amounts may be rounded to whole dollars. Amendment (Explain Below)						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
				T			
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	attach additional information on appropria	ately labeled continuation	sheets.	1	CUMULATIVE 1 CALENDAR	TO DATE
DATE				EXPENDITURE		(JAN.1 - DE	C.31)
10/7/2003		Votei	Contact		\$11.00	\$244.36	
10/7/2003		Voter	Contact		\$166.23	\$244.38	
10/7/2003	Maria Toledo Lancaster, CA 93535	Voter	Contact		\$66.49	\$244.38	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC <u>TI</u>	ONS ON REVERSE	Amendment (Explain Belo	(a) through 12/31/20	003		Page 298 of	327
A	amendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
OTDEET 4000	DECC (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
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2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	1	ECK ONE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made At	1	ately labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Cynthia Torres Inglewood, CA 90301	Vote	r Contact		\$23.33	\$314.31	
10/7/2003	Cynthia Torres Inglewood, CA 90301	Vote	r Contact		\$290.98	\$314.31	
10/7/2003	Janet Torres Inglewood, CA 90305	Vote	r Contact		\$246.56	\$246.56	

Expendit	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	·		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
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A	Amendment No 000			f applicable:		For Official Use (
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	SURER			
070557.400	DE00 (NO D.O. DOV)		MAILING ADDR	ESS			
SIREELADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
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	<u>-</u>	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	ndent Expenditures Made Att	ach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
DATE				EXPENDITURE		CALENDAR (JAN.1 - DEC	
9/30/2003		Phoi	neBank		\$204.40	\$408.80	
10/6/2003		Phoi	neBank		\$204.40	\$408.80	
9/30/2003	Laura Torres Los Angeles, CA 90057	Phoi	neBank		\$461.10	\$1,013.20	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	(bw) through 12/31/20	003		Page <u>300</u> of	327
An	nendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
OTDEET ADDDE	TOO (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	-	ECK ONE
NAME OF BALLC	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ DATE 10/6/2003	NAME AND ADDRES Laura Torres Los Angeles, CA 90057	S OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		\$221.64	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Tanya Torres Glendale, CA 91205	Vote	er Contact		\$23.33	\$222.81	
10/7/2003	Tanya Torres Glendale, CA 91205	Vote	er Contact		\$199.48	\$222.81	

Expendit u	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>301</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
070557 4005	DEGG (NO D.O. DOV)		MAILING ADDR	ESS			
STREET ADDR	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CANI	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE 10/6/2003	dent Expenditures Made At NAME AND ADDRES Wilber Torres Los Angeles, CA 90029	SS OF PAYEE	iately labeled continuation DESCRIPTION OF neBank		\$295.52	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Zacarias Trinidad Los Angeles, CA 90005	Vote	er Contact		\$23.33	\$340.54	
10/7/2003	Zacarias Trinidad Los Angeles, CA 90005	Vote	er Contact		\$317.21	\$340.54	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003	Page 302 of 32		
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	FADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
	pendent Expenditures Made A					CUMULATIVE 1 CALENDAR	O DATE
DATE 10/7/2003	E NAME AND ADDRE Carlos Trochez		DESCRIPTION OF r Contact	EXPENDITURE	\$199.48	(JAN.1 - DE \$199.48	C.31)
16,77,2000	Los Angeles, CA 90033					41331.0	
9/30/2003	Irvin Ulloa Los Angeles, CA 90029	Phon	eBank		\$212.23	\$424.46	
10/6/2003	Irvin Ulloa Los Angeles, CA 90029	Phon	eBank		\$212.23	\$424.46	
						1	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	ow) through <u>12/31/2003</u>			Page 303 of 327	
A	mendment No 000	- (Explain 25.5)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	<td></td> <td></td> <td></td>			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/7/2003	Blanca Urias Los Angeles, CA 90022	Voter	Contact		\$316.14	\$316.14	,
10/7/2003	Guillermo Urias Bell Gardens, CA 90201	Voter	Contact		\$23.33	\$342.87	
10/7/2003	Guillermo Urias Bell Gardens, CA 90201	Voter	Contact		\$282.60	\$342.87	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUC <u>TI</u>	ONS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>304</u> of	327
A	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM2		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	DECC (NO D.O. DOV)	_	MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		ECK ONE RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE 10/7/2003	ndent Expenditures Made At NAME AND ADDRES Guillermo Urias Bell Gardens, CA 90201	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		AMOUNT \$36.94	CUMULATIVE CALENDAR (JAN.1 - DE \$342.87	YEAR
10/7/2003	Rosa Urias	Vote	er Contact		\$316.14	\$316.14	
10/ // 2003	Los Angeles, CA 90015	Voice	of Contact		φ310.14	φ310.1+	
10/7/2003	Karla Valdez North Hollywood, CA 91606	Vote	er Contact		\$199.48	\$199.48	

	mental Independent liture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	·UJ
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	003		Page <u>305</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET A	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed				СНЕ	CK ONE
NAME OF (CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	 iately labeled continuation	sheets.		OUNTIL ATIVE	FO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Esperanza Valdiva Los Angeles, CA 90016	Vote	er Contact		\$323.14	\$323.14	•
9/30/2003	Jairo Valdovinos	Phot	neBank		\$215.57	\$289.45	
2003	Lynwood, CA 90262	THO	ie Bunk		Ψ213.57	Ψ207.43	
10/6/2003	Jairo Valdovinos Lynwood, CA 90262	Phor	neBank		\$73.88	\$289.45	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/2003 Date of election if applicable: (Month, Day, Year)			Page <u>306</u> of <u>327</u>	
A	mendment No 000	-				For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANI		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Moises Valencia Los Angeles, CA 90003	Voter	Contact		\$246.56	\$246.56	,
10/7/2003	Victor Valencia Long Beach, CA 90814	Voter	Contact		\$127.43	\$127.43	
10/7/2003	Mauricio Valladares Los Angeles, CA 90018	Voter	Contact		\$23.33	\$222.81	

	mental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	165
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>307</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET A	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed				СН	ECK ONE
NAME OF (CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		0.104.0.470.05	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Mauricio Valladares Los Angeles, CA 90018	Vote	er Contact		\$199.48	\$222.81	
10/7/2003	Ana Valladares	Vote	er Contact		\$199.48	\$199.48	
10/7/2003	Los Angeles, CA 90019	Vou	er Contact		φ1/2/.40	ψ1 <i>77.</i> 40	
10/7/2003	Enrique Vargas Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$355.79	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below) through <u>12/31/2003</u>			Page 308 of 327	
A	Amendment No 000	- (2.4pm.)	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepen	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Enrique Vargas Los Angeles, CA 90006	Voter	Contact		\$332.46	\$355.79	
10/7/2003	Jose Vargas Los Angeles, CA 90011	Voter	Contact		\$23.33	\$321.53	
10/7/2003	Jose Vargas Los Angeles, CA 90011	Voter	Contact		\$298.20	\$321.53	

Expend	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.	0/21/200		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. from 921/2003		200	227				
	Amendment No 000	Amenament (Explain Beld	Date of election i	f applicable:		Page 309 of For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)	•	
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
etheet.	ADDDESS (NO D.O. DOV)		MAILING ADDRI	ESS			
SIREEI	ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	•	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Indep	pendent Expenditures Made A	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE		SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
9/30/2003		Pho	neBank		\$322.56	\$776.17	
10/6/2003		Pho	neBank		\$204.40	\$776.17	
9/30/2003	Daysi Vasquez Los Angeles, CA 90024	Phoi	neBank		\$435.72	\$945.96	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 310 of 327	
Aı	mendment No 000	- Landing (Expan) 500.	Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sur	pported or Opposed				CHE	CK ONE
NAME OF CAND	.	Art and a spiral a	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		CK ONE TOPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE T CALENDAR	O DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	2.31)
10/6/2003	Daysi Vasquez Los Angeles, CA 90024	Phone	Bank		\$221.64	\$945.96	
10/7/2003	Maria Vega Pasadena, CA 91103	Voter	Contact		\$23.33	\$346.41	
10/7/2003	Maria Vega Pasadena, CA 91103	Voter	Contact		\$323.08	\$346.41	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>311</u> of _	327
An	nendment No 000			if applicable: y, Year)		For Official Use 0	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	ASURER			
OTDEET ADDD	FOC (NO D.O. POV)	_	MAILING ADDR	ESS			
STREET ADDRE	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made Att	1	iately labeled continuation		AMOUNT	CUMULATIVE T	YEAR
9/30/2003	Martha Vega		neBank	EXI ENDITORE	\$379.92	(JAN.1 - DEC	J.31)
	Los Angeles, CA 90011						
10/6/2003	Martha Vega Los Angeles, CA 90011	Phor	neBank		\$204.40	\$877.54	
10/7/2003	Oscar Vega Los Angeles, CA 90023	Vote	er Contact		\$23.33	\$340.54	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	through 12/31/2003 Date of election if applicable: (Month, Day, Year)			Page 312 of 327	
Ar	mendment No 000	- Line and (2.5pm)				For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND		•	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	Itely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Oscar Vega Los Angeles, CA 90023		Contact		\$317.21	\$340.54	0.01)
10/7/2003	Jose Luis Velasquez Long Beach, CA 90804	Voter	Contact		\$23.33	\$278.05	
10/7/2003	Jose Luis Velasquez Long Beach, CA 90804	Voter	Contact		\$254.72	\$278.05	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2000		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>)3		Page 313 of	327
A	Amendment No 000	-	Date of election in	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation DESCRIPTION OF 6		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Emilia Velasquez Los Angeles, CA 90003	Votes	r Contact		\$199.48	\$199.48	0.0.1,
10/7/2003	Maria Velazquez Los Angeles, CA 90044		r Contact		\$310.29	\$310.29	
		Votes					

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 314 of	327
A	mendment No 000	—	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
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NAME OF CANI	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Romelia Vences Los Angeles, CA 90044	Voter	r Contact		\$23.33	\$355.79	
10/7/2003	Romelia Vences Los Angeles, CA 90044	Voter	r Contact		\$332.46	\$355.79	
10/7/2003	Carmen Verduzco Commerce, CA 90040	Voter	r Contact		\$441.65	\$481.67	

	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	-65
	de Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	·UJ
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	03		Page <u>315</u> of	327
A	Amendment No 000	_	Date of election i	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F.	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Name of	Candidate or Measure Su	nnorted or Onnosed					
NAME OF CAN		pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	-	CK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ndent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Carmen Verduzco Commerce, CA 90040	Vote	er Contact		\$40.02	\$481.67	
10/7/2003	Ramon Madrigal Verduzco Cathedral City, CA 92234	Vote	er Contact		\$23.33	\$340.54	
10/7/2003	Ramon Madrigal Verduzco Cathedral City, CA 92234	Vote	er Contact		\$317.21	\$340.54	

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SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	003		Page <u>316</u> of	327
An	nendment No 000	Zanonamoni (Explain Boli	Date of election	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
OTDEET 4000	COC (NO D.O. DOV)	_	MAILING ADDR	ESS			
STREET ADDRE	SS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ DATE 10/7/2003	ent Expenditures Made Att NAME AND ADDRES Jose Vergara Los Angeles, CA 90013	S OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$23.33	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Jose Vergara Los Angeles, CA 90013	Vote	er Contact		\$299.37	\$322.70	
9/29/2003	Luis Vides Los Angeles, CA 90020	Vote	er Contact		\$120.00	\$120.00	

	Type or print in ink. Amounts may be rounded	Report covers	period	Date Stamp 1/12/2003	CALIFORNIA /	65
84203.5)	to whole dollars.	from9/21/200	3		FORM —	UU
EVERSE	Amendment (Explain Be	low) through 12/31/20)3		Page 317 of 3	27
nt No		Date of election in	applicable:		For Official Use Only	
ort No CM2		10/7/2003				
r Information	I.D. NUMBER (if recipient committee	Treasurei	(If recipient comm	ittee)		
ΜE		NAME OF TREA	SURER			
.O. BOX)		MAILING ADDRE	SS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHO	NE
DDRESS		OPTIONAL: FAX	Æ-MAIL ADDRESS			
date or Measure Supr	orted or Opposed				CHEC	K ONE
	определения объемения	OFFICE SOUGHT OR HE	LD AND DISTRICT, II	F APPLICABLE		
RE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
xpenditures Made Atta	ch additional information on approp	riately labeled continuation	sheets			
NAME AND ADDRESS		a.o., .a.o.o.a ooaa.o	0.100101			
	1	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CUMULATIVE TO CALENDAR Y (JAN 1 - DEC	EAR
ides Hollywood, CA 91605	OF PAYEE	DESCRIPTION OF I	EXPENDITURE	\$431.42		EAR
	OF PAYEE Vot		EXPENDITURE		CALENDAR Y (JAN.1 - DEC	EAR
Hollywood, CA 91605	OF PAYEE Vot	er Contact	EXPENDITURE	\$431.42	CALENDAR Y (JAN.1 - DEC	EAR
	everse nt No 000 ort No CM2 or Information ME .O. BOX) STATE DDRESS RE	Amounts may be rounded to whole dollars. EVERSE INTENDED OFFINE Amounts may be rounded to whole dollars. Amendment (Explain Be of the whole dollars) I.D. NUMBER (if recipient committee of the committee) I.D. NUMBER (if recipient committee)	Amounts may be rounded to whole dollars. Amendment (Explain Below)	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Type or print in ink. Amounts may be rounded to whole dollars. EVERSE Amendment (Explain Below) Int No CM2 IDUITION IDUI	Amounts may be rounded to whole dollars. EVERSE Int No 000 Int No

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 318 of	327
Ar	nendment No 000	- (2,pain 500	Date of election	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Miguel Vides Van Nuys, CA 91405		r Contact		\$281.36	\$304.69	<u></u>
10/7/2003	Antonio Vieyra Inglewood, CA 90301	Votes	r Contact		\$23.33	\$339.47	
10/7/2003	Antonio Vieyra Inglewood, CA 90301	Votes	r Contact		\$316.14	\$339.47	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 319 of	327
A	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Eduardo Vilchez Long Beach, CA 90805	Voter	r Contact		\$11.66	\$176.86	<u></u>
10/7/2003	Eduardo Vilchez Long Beach, CA 90805	Voter	r Contact		\$165.20	\$176.86	
10/7/2003	Edgar Villalobos Glendale, CA 91204	Votei	r Contact		\$211.62	\$211.62	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	- 65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	003		Page <u>320</u> of	327
Ar	mendment No 000		Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
OTDEET 4 DDD	500 (NO P.O. POV)		MAILING ADDR	ESS			
STREET ADDR	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of O	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		ECK ONE RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE 10/7/2003	NAME AND ADDRES Voter Improvement Program Los Angeles, CA 90006	S OF PAYEE	iately labeled continuation DESCRIPTION OF nebank		AMOUNT \$4,192.39	CUMULATIVE CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Juan Way Los Angeles, CA 90026	Vote	er Contact		\$332.46	\$332.46	
10/6/2003	Andrew Jon Westhall Los Angeles, CA 90027	Vote	er Contact		\$589.20	\$589.20	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	·65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Beld	12/31/20	103		Page <u>321</u> of _	327
	Amendment No 000	Amenument (Explain beit	Date of election i	through 12/31/2003 Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2		10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)	•	
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
OTDEET AD			MAILING ADDRI	ESS			
STREET AD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		CK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	ndent Expenditures Made At	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	O DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
9/30/2003	Jose Xingu Van Nuys, CA 91405	Phoi	neBank		\$407.18	\$847.54	
10/6/2003	Jose Xingu Van Nuys, CA 91405	Phor	neBank		\$184.70	\$847.54	
9/30/2003	Nolvia Zapata Compton, CA 90220	Phoi	neBank		\$472.55	\$989.71	

Supplemei Expenditui	ntal Independent	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA	NDITURI
Government Code		to whole dollars.	from9/21/200	3	1,12,2003	FORM 4	O
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>322</u> of <u>3</u>	327
An	nendment No 000	-	Date of election i (Month, Da	f applicable:		For Official Use 0	Only
	Report No CM2	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	pported or Opposed					
NAME OF CANDI	·	sported of Opposite	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
2 Indonond	ont Evnandituras Mada						
-	ent Expenditures Made A	1			1	CUMULATIVE TO CALENDAR	YEAR
DATE 10/6/2003	NAME AND ADDRE Nolvia Zapata		DESCRIPTION OF neBank	EXPENDITURE	\$221.64	(JAN.1 - DEC \$989.71	3.31)
	Compton, CA 90220						
10/7/2003	Marcelina Zaragoza Los Angeles, CA 90011	Vote	er Contact		\$310.29	\$310.29	
10/7/2003	William Zavala Hawthorne, CA 90250	Vote	er Contact		\$23.33	\$296.29	
	Hawmorne, CA 70230						

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Bel	ow) through 12/31/20	003		Page <u>323</u> of	327
	Amendment No 000	- Capitali San	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM2	-	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
OTDEE	T ADDDECC (NO D O DOV)		MAILING ADDR	ESS			
SIREE	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Inde	pendent Expenditures Made At	1	riately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/7/2003	William Zavala Hawthorne, CA 90250	Vote	er Contact		\$272.96	\$296.29	
10/7/2003	Erick Zavaleta Los Angeles, CA 90044	Vote	er Contact		\$184.50	\$184.50	
10/7/2003	Herrera Zeferino Los Angeles, CA 90037	Vote	er Contact		\$184.50	\$184.50	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2003	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>324</u> of	327
A	mendment No 000	- (Explain 25.5.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM2	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Juan Zelaya Los Angeles, CA 90029	Voter	·Contact		\$11.66	\$277.63	
10/7/2003	Juan Zelaya Los Angeles, CA 90029	Voter	Contact		\$166.23	\$277.63	
10/7/2003	Juan Zelaya Los Angeles, CA 90029	Voter	Contact		\$99.74	\$277.63	

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2003	CALIFORNIA FORM	165	
		Amendment (Explain Below)	w) through <u>12/31/20</u>	003		Page 325 of 327		
Aı	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use		
	Report No CM2	_	10/7/2003					
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)			
COMMITTEE/F	LER'S NAME		NAME OF TREA	ASURER				
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE	
OPTIONAL: FAX/E-MAIL ADDRESS			OPTIONAL: FAX/E-MAIL ADDRESS					
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE	
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		ORT OPPOSE	
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE	
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR	
9/27/2003	Tracy Zeluff Los Angeles, CA 90026		r Contact	LAI LINDITORE	\$697.11	(JAN.1 - Di	EC.31)	
	Los Aligeles, CA 70020							
10/6/2003	Tracy Zeluff Los Angeles, CA 90026 Voter 6		r Contact		\$183.01	\$880.12		
10/7/2003 Lilian Zuniga Los Angeles, CA 90004		Vote	r Contact		\$23.33	\$331.08		

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTAL Date Stamp 1/12/2003	CALIFORNIA FORM Page 326 of 327		55
		Amendment (Explain Below)	v) through <u>12/31/20</u>	03				
	Amendment No 000		Date of election i	f applicable:		For Official		
	Report No CM2		10/7/2003					
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)			
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER				
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA COI	DE/PHONE	
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS					
 2. Name o	f Candidate or Measure Sup	ported or Opposed					CHECK ONE	 :
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	s	SUPPORT OPPO	DSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		s	SUPPORT OPPO	DSE
3. Indepe	ndent Expenditures Made Att	ach additional information on appropria	tely labeled continuation	sheets.			TIVE TO DATE	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.	NDAR YEAR 1 - DEC.31)	
10/7/2003	Lilian Zuniga Los Angeles, CA 90004	Voter	Contact		\$307.75	\$331.08		

Supplemental Independent

Type or print in ink. Amounts may be rounded

	SUPPLEMENTA	L INDEPENDEN	IT EXPENDITURE
	Report covers period	CALIFORN	IA 165
rom _	9/21/2003	FORM	403
	12/31/2003	Page 327	of 327

Expenditure Report			to whole dollars.		from9/21/2003		FORM 46	
SEE	: INSTRUCTIONS ON REVERSE				through	12/31/2003	Page <u>323</u>	7 of <u>327</u>
NAME OF FILER						I.D. NUMBER (If recipient com.)		
Con	nmunity Civic Participation Project sponsored by Labor Organi	zations					1258279	
4.	Summary							
	1. Total independent expenditures made of \$	S100 or more t	this period. (Part 3.)					\$826,889.66
	2. Total independent expenditures under \$10	00 made this n	period (Not itemized	4)				\$7,689.36
	·	·	,	,				фод 4 550 oc
	3. Total independent expenditures made this	period (Add L	_ines 1 + 2.)				TOTAL	\$834,579.02
	Filing Officers				to (Farms 45		£1d	
5.	Filing Officers Enter the name and address o	f each filing office	er with whom the filer's m	ost recent campaign stateme	ents (Form 45	0, 460 or 461) have bee	en niea.	
5.	Filing Officers Enter the name and address o 1) NAME OF FILING OFFICER	f each filing office	er with whom the filer's m	nost recent campaign stateme 3) NAME OF FILING		60, 460 or 461) have bee	en illea.	
5.		f each filing office	er with whom the filer's m		OFFICER		en illea.	
5.	1) NAME OF FILING OFFICER	f each filing office	er with whom the filer's m	3) NAME OF FILING	OFFICER		en filea.	
5.	NAME OF FILING OFFICER Secretary of State	f each filing office	zip code	3) NAME OF FILING Sacramento County R	OFFICER	ters	STATE	ZIP CODE
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET)			3) NAME OF FILING Sacramento County R ADDRESS	OFFICER	ters		ZIP CODE 95827
5.	NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY	STATE	ZIP CODE	3) NAME OF FILING Sacramento County R ADDRESS CITY	OFFICER Registrar of Vo	ters	STATE	
5.	NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento	STATE	ZIP CODE	3) NAME OF FILING Sacramento County R ADDRESS CITY Sacramento	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER	STATE	ZIP CODE	3) NAME OF FILING Sacramento County R ADDRESS CITY Sacramento 4) NAME OF FILING	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE	
5.	1) NAME OF FILING OFFICER Secretary of State ADDRESS (NO. AND STREET) CITY Sacramento 2) NAME OF FILING OFFICER Los Angeles County Registrar Recorder	STATE	ZIP CODE	3) NAME OF FILING Sacramento County R ADDRESS CITY Sacramento 4) NAME OF FILING San Francisco County	OFFICER Registrar of Vo	ters (NO. AND STREET)	STATE	

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on		By Gribbon Gribbon Gribbon
		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/12/2004	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT